



MONMOUTHSHIRE COUNTY COUNCIL

Notification of Births Acts, 1907 and 1915,
and Maternity and Child Welfare Act, 1918.

REPORT

UPON

Maternity and Child Welfare

For the Year 1933.

D. ROCYN JONES,

26th July, 1934.

County Medical Officer.

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MONMOUTHSHIRE COUNTY COUNCIL.

PUBLIC HEALTH DEPARTMENT,

COUNTY HALL,

NEWPORT,

26th July, 1934.

To the Chairman and Members of the

Maternity and Child Welfare Committee.

I have pleasure in presenting to you the Nineteenth Annual Report upon the work done in connection with the Notification of Births Acts, 1907 and 1915, and the Maternity and Child Welfare Act, 1918.

A.—SUMMARY OF BIRTHS NOTIFIED.

During the twelve months ended the 31st December, 1933, 5,382 live births and 317 stillbirths, making a total of 5,699, were notified to this Department after adjusting the notifications transferred to other districts and those transferred from other districts.

The number of registered births in the County for the year, according to the Registrar General's return, was 5,563, and 333 stillbirths, a total of 5,896, so that only 3.3 per cent. of the registered births were not ascertained under the Notification of Births Acts. Seventy-two live births and one still-birth were subsequently notified by Registrars or discovered by Health Visitors.

Of the 5,699 notified births, 5,672 were notified by midwives and 27 by doctors and parents. The percentage of births notified by midwives is 99.5, which is a high figure.

B.—WORK OF THE HEALTH VISITORS.

The work of the Health Visitors in respect of School Medical Inspection and Maternity and Child Welfare is co-ordinated excepting at Ebbw Vale and Abertillery, where the County Health Visitors undertake Maternity and Child Welfare work only, as those areas are autonomous under the Education Act, 1902.

Two of the County Health Visitors are engaged in School Medical Inspection work only, as they have not been approved by the Ministry of Health for Maternity and Child Welfare work. Last year there were three in this category, but one has recently obtained the qualifying certificate. The Ministry now require for all new appointments that nurses appointed as Health Visitors shall hold the Health Visitor's Certificate of the Royal Sanitary Institute.

There were at the end of the year 36 Health Visitors on the staff, including those who are only engaged in school work. In addition, the Lecturer in Nursing under the Higher Education Committee devotes part of her time to Maternity and Child Welfare work. The apportionment of the time of the Health Visitors to Maternity and Child Welfare works out at approximately 20½. Two Health Visitors were away for the greater portion of the year, one on sick leave and one taking the Health Visitor's Certificate training. Two temporary nurses were appointed to take their places.

Nurses O. Griffiths, K. M. Walters, and C. Davies have been appointed District Inspectresses of Midwives, to which work they devote two days per week. Nurse Griffiths is also Infant Protection Officer for the County and Mental Deficiency Enquiry Officer for the Eastern area of the County. She is also the nurse in attendance at the Orthopædic Clinics, and engaged in Orthopædic after-care.

Nurses Walters and Davies give the remainder of their time to Maternity and Child Welfare work.

Nurse D. James is the Mental Deficiency Enquiry Officer for the Western area of the County. She also has an Infant Welfare District.

The Maternity and Child Welfare duties of the Health Visitors include attendance at Welfare Centres and Ante-Natal Clinics, and the home visitation of infants up to the age of five years.

All infants are visited soon after the tenth day, and during the first year of life at intervals of three months, excepting those who at the first visit are found to be in homes where they are well cared for. The visit at nine months is important, because of the advice with regard to weaning of breast-fed babies. The visit, when the child attains the age of twelve months, is also important, so that the general condition and development of the infant may be noted. In cases where there is reason to believe home conditions are not entirely satisfactory, or when the child has some defect, visits are paid more frequently.

After the first year, visits are paid twice yearly in the majority of cases, until the child attains the age of five, unless special conditions call for more frequent home visiting.

In the report upon the inspection of the County Maternity and Child Welfare Services, conducted by an Assistant Medical Officer of the Ministry of Health in 1932, it was pointed out that insufficient visits were paid to the homes of infants between the ages of one and five years. Owing to the fact that during the year 1933, temporary Health Visitors were appointed during the absence, through illness, etc., the staff was always at full strength and time was devoted to additional visits to infants between one and five years. As a result, 8,808 more visits were paid to children of this age period than in the previous year.

Statistics relating to the work of the Health Visitors, are given in the following pages, but their real value cannot be demonstrated by figures. The Health Visitor of to-day is a highly trained nurse, and she spends much time at the homes in imparting advice upon diet, fresh air, clothing, and healthy habits. She is becoming more and more a part of the national life, particularly in the homes of the working-class mother.

1.—VISITS PAID.—During the year 54,434 visits were paid to the homes as follows :

	New Cases		Re-visits under 1 year of age	Re-visits 1 to 5 years	Total Visits.
	Babies seen	Fruitless Visits			
1933—5580		1078	15,301	32,475	54,434
1932—5762		907	16,684	23,667	47,020

1931.—First visits, 6,056; Fruitless visits, 940; Re-visits under 1 year, 15,544; Re-visits 1-5 years, 23,055; Total, 45,595.

1930.—First visits, 6,731; Fruitless visits, 1,133; Re-visits under 1 year, 15,372; Re-visits 1-5 years, 22,909; Total, 46,145.

1929.—First visits, 6,762; Fruitless visits, 1,122; Re-visits under 1 year, 15,930; Revisits 1-5 years, 23,364; Total, 47,178.

1928.—First visits, 6,481; Fruitless visits, 1,047; Re-visits under 1 year, 10,881; Re-visits 1-5 years, 18,066; Total, 36,475.

1927.—First visits, 6,031; Fruitless visits, 775; Re-visits under 1 year, 14,246; Re-visits 1-5 years, 21,496; Total, 42,548.

1926.—First visits, 7,467; Fruitless visits, 416; Revisits under 1 year, 22,366; Re-visits 1-5 years, 27,751; Total, 58,000.

1925.—First visits, 7,872; Fruitless visits, 590; Re-visits under 1 year, 22,541; Re-visits 1-5 years, 30,641; Total, 61,644.

1924.—First visits, 8,577; Re-visits under one year, 24,319; Re-visits 1-5 years, 31,261; Total, 64,157.

1923.—First visits, 9,896; Re-visits under one year, 24,529; Re-visits 1-5 years, 31,261; Total, 67,463.

II.—METHODS OF FEEDING OF INFANTS.—Of the new cases visited it was found that 4,513 children were being brought up entirely on the breast (80.89 per cent.) whilst 837 were being bottle fed (15.0 per cent), and 192 were both breast and bottle fed (3.4 per cent). It was discovered on subsequent visits that in 462 instances (8.1 per cent.) children breast-fed had been put on the bottle after the first visit of the Health Visitor, and before the usual time of weaning. The above percentages are of the total new cases seen. In 38 cases the child only survived birth by a few hours (.68 per cent.).

The percentage of breast-fed babies in this table is much higher than that given by the Medical Officers in the section of this report dealing with the work of the Centres, and it must be pointed out that the Health Visitors' figures deal with the feeding at the time of their first visits, i.e., about 10 days after birth, and there is evidently a considerable diminution in breast-feeding during the next few months. Many mothers take their babies to the Centre for the first time owing to their inability to continue breast-feeding.

The Health Visitors' figures show there is a decrease of .21 per cent. in the number of babies breast-fed, as compared with the previous year (1932).

The mother's milk is the baby's rightful possession. Its composition being perfect, it is the ideal food for the infant. The mother also benefits by feeding her baby, and there is no reason why almost every mother should not do so if she really desires. Nature intended the milk of the mother for the infant, and there is generally a cause to be found for any irregularity in this respect. It is the province of the Medical Officers at the Child Welfare Centres to seek this cause, and mothers who experience difficulty in breast-feeding are encouraged to attend.

III.—SANITARY DEFECTS AT THE HOMES.—In accordance with the arrangements made at the initiation of the scheme, visits were paid by the Health Visitors to the Local Medical Officers for consultation purposes, and reports were made to the District Medical Officers of Health upon sanitary defects at the homes.

Many local authorities have spent large sums of money on housing schemes, which has in some measure relieved the situation, but there is still much overcrowding and insanitary property. The Housing Act, 1930, which provides for the abolition of slum areas, and dealing with improvement areas, will prove of great value, for the erection of good houses for the working classes is one of the best ways of raising the standard of health of the nation.

IV.—ANTE-NATAL.—The number of visits paid to expectant mothers was 385 to new cases, and 308 re-visits, a total of 693 visits. The figures for last year were 266 new cases, and 278 re-visits, a total of 544 visits.

PUERPERAL SEPSIS.—During the year 1933 notification of two cases of Puerperal Fever were received under the Public Health (Puerperal Fever and Puerperal Pyrexia) Regulations, 1926, from the District Medical Officers of Health. Eleven cases of Puerperal Pyrexia were also notified. Upon investigation of these cases, it was found that there were only two cases of Septicæmia. One death occurred.

The Registrar-General's list of deaths during the year includes 14 from Puerperal Sepsis. This classification includes all forms of Sepsis which may develop during the Puerperium.

Several deaths from various forms of Puerperal Sepsis occurred in Institutions outside the County and the notification of Puerperal Fever and Pyrexia would be received by another authority in these cases.

A scheme for the provision of facilities for diagnosis and treatment of cases is in operation. Under the scheme the services of Dr. G. I. Strachan, M.D., F.R.C.S., of Cardiff, have been retained as Consultant Obstetrician, and his services have been requisitioned frequently by the medical practitioner in attendance upon the case. Cases requiring hospital treatment are sent to an Infectious Diseases Hospital (two were admitted to the Monmouth Infectious Diseases Hospital during the year) and any necessary bacteriological examination is made by Dr. Gwyn Rocyn Jones, County Bacteriologist, at the County Laboratory, Newport.

VI.—INFANTILE DIARRHŒA.—Seven cases of this disease were discovered during visits to homes, and two re-visits paid, as against 5 and 15 re-visits in the year 1932.

Twenty-seven deaths were registered in children under two years of age, giving a death rate of 4.85 per 1,000 births, as compared with 5.95 for the year 1932.

All cases of which the Health Visitor has knowledge are visited, but it is obvious that very many cases do not come to her notice. This disease is not notifiable.

During the years preceding the introduction of the County Maternity and Child Welfare Scheme, the death rate averaged 11 per 1,000 births. The average rate for the past fifteen years, which includes one very hot summer, when the rate was 17.2, has been 7 per 1,000 births. It will be observed that the rate for 1933 is considerably below that average. The reduction in the rate in recent years is undoubtedly due to the greater care which is now observed in the feeding of infants and the measures taken by the Council to ensure a clean milk supply.

The infective type of the disease is essentially one of the summer months and it varies in intensity according to the type of summer, many more cases occurring in really warm weather. During these months, the mothers attending the County Maternity and Child Welfare Centres are warned of the measures necessary to prevent the disease, and printed instructions to mothers are distributed by the Health Visitors at homes when cases are discovered.

VII.—OPHTHALMIA NEONATORUM.—Thirty-one cases were notified under the Public Health (Ophthalmia Neonatorum) Regulations, as compared with 32 cases in the year 1932, and 19 in 1931. These cases together with other cases of eye trouble reported by the Midwives making a total of 91 cases, were followed up by the Health Visitors, who paid 367 visits to them. In one case there was unsatisfactory conduct on the part of the midwife, and a warning letter was sent by the County Medical Officer.

Since the beginning of January, 1921, the Midwives practising within the Administrative County have been supplied with bottles of Collosol Argentum, with which they are instructed to treat the eyes of all children at birth. The supply is renewed upon application to the County Maternity and Child Welfare Centres. There is no doubt that these precautionary measures have succeeded in greatly reducing the incidence of blindness due to gonococcal infection, for rarely in recent years is there blindness from this cause.

The County Health Visitors are assiduous in their following up of affected cases. Medical treatment is immediately urged for the slightest case, and frequent visits are paid to see that the mothers are properly attending to the eyes of the infants. The Venereal Diseases Inquiry Officer also follows up cases suspected of gonococcal infection, with a view to attendance at the Clinic.

The Health Visitors have reported upon 91 cases as follows:—

NUMBER OF CASES VISITED.					Acute	Slight	Total.
Brought forward from last year	...	...	...	...	—	6	6
New cases—							
Both eyes	...	...	...	...	15	36	51
One eye only	...	...	...	...	7	27	34
				...	—	—	—
				...	22	69	91
				...	—	—	—
Number of cases which attended hospital							
As out-patients	...	...	...	...	2	1	3
As in-patients	...	...	...	...	7	—	7
Number of cases in which there was neglect on the part of the midwife				...	1	—	1
RESULTS:							
Completely cured	...	...	...	...	18	68	86
Blind	...	...	...	...	1	—	1
Under observation of own doctor	...	...	...	...	1	—	1
Died	...	...	...	...	—	1	1
Cases still being followed up at the end of the year	...	...	...	...	2	—	2
				...	—	—	—
				...	22	69	91
				...	—	—	—

Five of the cases were referred to the Venereal Diseases Clinic,

VIII.—STILLBIRTHS.—The number of stillbirths was 333, which works out at 5.9 per 100 live births, an increase of .5 upon the figure for 1932, which was 5.4 per 100 live births or .97 per 1,000 of population. The rate continues to be abnormally high, and it compares very unfavourably with the rate for England and Wales, which for 1933 was .62 per 1,000 of population.

IX.—UNREGISTERED WOMEN ACTING AS MIDWIVES.—There were 7 confinements attended by unregistered women without a doctor during the year. These were cases in which a doctor had been engaged as well as the unregistered woman and the births took place before the doctor arrived. The doctors and women concerned were warned and the practice now appears to have ceased.

C.—VITAL STATISTICS.

The area of the Administrative County in acres is 345,048. Other related statistics are given in the accompanying table.

The District Medical Officers' figures of the ages at death of children under one year of age, show that during the year 143 infants died within one week of birth, and 210 died within the first month of birth, whilst 396 died within the first twelve months, which, together with the figure of 333 still-births, make a total of 729 lives lost to the community.

The infantile mortality rate per 1,000 births is 71.7, as compared with 67.7 for 1932. In 1931 the rate was 71.9. In 1930, 64.9, which was the lowest ever recorded for the County. In 1929 it was 67.7; in 1928, 72.29; in 1927, 87.3; in 1926, 66.1; in 1925, 83.8; in 1924, 75.6; and in 1923, 73.0.

There were 5,563 births registered during the year, a decrease of 322 when compared with the number for 1932, and the birth rate is 16.2 per 1,000 of population, compared with 17.1 in 1932. In the year 1931 it was 17.6; In 1930, 17.6; in 1929, 17.8; in 1928, 18.3; in 1927, 17.5; in 1926, 20.3; in 1925, 21.5; in 1924, 22.3; in 1923, 23.5; in 1922, 23.8; in 1921, 28.3; in 1920, 29.2; and in 1919, 22.9.

The number of births of illegitimate children was 193, which gives a ratio to that of legitimate births as 34.6 to 965.4. Last year the number was 231, equal to 40.8 per 1,000 legitimate births, and for the year 1931 the figure was 41.5.

The number of deaths of illegitimate children under one year of age was 27, or 4.8 per 1,000 of all births, and 139.9 per 1,000 of illegitimate births. Last year the number of deaths was 26, or 4.4 per 1,000 of all births, and 112.5 per 1,000 of illegitimate births.

C.—VITAL STATISTICS FOR THE YEAR 1933

DISTRICTS	Esti- mated Popula- tion	BIRTHS								DEATHS				INFANTILE MORTALITY.														
		Legitimate		Illegitimate		Total		Grand Total	Rate per 1000 of popula- tion	Male	Female	Total	Rate per1000 of popula- tion	Total Deaths under One Year				Ages at Death of Children under One Year.										
		Male	Female	Male	Female	Male	Female							Legiti- mate	Illegiti- mate	Total	Rate per 1000 births	Under 1 week	1—2 weeks	2—3 weeks	3—4 weeks	Total under 1 month	1 3 Months	3—6 Months	6—9 Months	9 12 Months	Total under 1 year	
URBAN—	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
ABERCARN ...	19970	164	161	4	5	168	166	334	16.7	119	107	226	11.3	18	2	20	59.8	6	2	...	...	8	5	2	2	3	20
ABERGAVENNY ...	8375	54	56	4	4	58	60	118	14.09	71	63	134	16.0	5	1	6	50.89	1	1	1	...	3	2	...	...	1	6
ABERSYCHAN ...	25270	204	204	5	6	209	210	419	16.5	159	102	261	10.3	17	4	21	50.1	12	1	1	...	14	4	2	1	...	21	
ABERTILLERY ...	31150	254	238	9	6	263	244	507	16.2	177	145	322	10.3	43	1	44	86.7	21	1	2	1	25	5	6	3	5	44	
BEDWAS & MACHEN ...	8878	73	75	3	2	76	77	153	17.2	66	56	122	13.7	9	...	9	58.8	3	...	...	...	3	1	1	4	1	10
BEDWELLTY ...	29730	299	297	18	11	317	308	625	21.0	223	164	387	13.0	45	5	50	80.0	16	5	2	2	25	9	5	2	9	50	
BLAENAVON ...	10940	71	73	1	2	72	75	147	13.4	82	79	161	14.7	13	...	13	88.4	2	2	...	...	4	1	4	1	3	13
CAERLEON ...	2471	7	13	...	...	7	13	20	8.09	11	11	22	8.9	2	...	2	100.0	1	...	...	...	1	...	...	1	...	2
CHEPSTOW ...	4121	32	35	2	...	34	35	69	16.7	44	30	74	17.9	4	...	4	57.9	2	...	...	...	2	...	...	2	...	4
EBBW VALE ...	31120	230	253	14	7	244	265	509	16.3	205	173	378	12.1	31	2	33	64.8	13	2	2	3	20	5	1	2	3	31	
LLANFRECHFA UPPER ...	4460	35	42	...	2	35	44	79	17.7	27	20	47	10.5	6	...	6	75.9	1	2	...	...	3	...	...	...	1	4
LLANTARNAM ...	7187	62	49	1	1	63	50	113	15.7	58	32	90	12.5	5	1	6	53.09	3	...	...	...	3	...	2	1	...	6
MONMOUTH ...	4789	37	23	5	2	42	25	67	13.5	29	26	55	11.4	7	...	7	104.5	4	...	...	...	5	1	1	...	...	7
MYNYDDISLWYN ...	15930	152	159	6	2	158	161	319	20.0	83	68	151	9.4	20	2	22	68.9	6	1	...	2	9	1	3	6	3	22	
NANTYGLO & BLAINA ...	13030	108	90	2	2	110	92	202	15.5	82	75	157	12.0	18	...	18	89.1	4	2	3	2	11	1	3	1	2	18	
PANTEG ...	11290	67	69	1	1	68	70	138	12.2	63	55	118	10.4	8	...	8	58.1	3	...	1	1	5	2	...	1	...	8	
PONTYPOOL ...	6787	58	47	4	2	62	49	111	16.3	52	32	84	12.3	14	1	15	135.1	4	1	...	3	8	2	2	2	1	15	
RHYMNEY ...	10410	93	84	2	5	95	89	184	17.6	50	54	104	9.9	14	1	15	81.5	4	1	1	...	6	3	3	1	2	15	
RISCA ...	16410	134	128	3	4	137	132	269	16.3	97	73	170	10.3	15	3	18	66.9	7	1	...	2	10	3	1	1	3	18	
TREDEGAR ...	22670	185	173	5	3	190	176	366	16.1	142	118	260	11.4	32	...	32	87.4	10	2	1	3	16	6	5	2	3	32	
USK ...	1312	8	9	...	...	8	9	17	12.9	7	13	20	15.2	...	...	...	...	...	...	...	...	...	...	...	...	...	...
RURAL—																												
ABERGAVENNY ..	8643	44	51	4	6	48	57	105	12.1	48	45	93	10.7	4	3	7	66.6	6	...	...	...	6	1	...	...	...	7
CHEPSTOW ...	8739	57	58	2	4	59	62	121	13.8	44	51	95	10.8	4	...	4	33.0	1	...	1	...	2	1	...	1	...	4	
MAGOR ...	6731	45	52	3	2	48	54	102	15.1	30	41	71	10.5	7	...	7	68.6	3	1	...	...	4	1	1	...	1	7
MONMOUTH ...	6368	40	49	4	1	44	50	94	14.7	41	33	74	11.6	11	...	11	117.0	4	3	...	...	7	1	1	...	2	11
PONTYPOOL ...	5059	30	20	...	3	30	23	53	10.4	30	20	50	9.8	2	1	3	56.6	2	1	...	...	3	...	...	...	...	3
ST. MELLONS ...	19650	161	153	3	5	164	158	322	16.0	112	89	201	10.2	18	...	18	55.9	4	1	2	...	7	4	3	2	2	18	
Grand Totals, 1933 ...	341490	2704	2666	105	88	2809	2754	5563	16.29	2152	1775	3927	11.49	372	27	399	71.72	143	30	17	20	210	59	46	36	45	396	
Totals for year 1932	343960	2934	2720	115	116	3049	2836	5885	17.1	2076	1767	3843	11.1	373	26	399	67.7	155	29	21	14	219	52	42	48	35	396	

N.B.—The figures in the columns marked with an asterisk were supplied by the Registrar-General, and the remainder by the District Medical Officers.

The District Infantile Mortality Rates, arranged in order of highest rate, are as follows:—

Districts.	Present Year	(1932)	Districts.	Present Year	(1932)
URBAN—			URBAN—		
Pontypool ...	135.1	(60.3)	Panteg ...	58.1	(40.0)
Monmouth ...	104.5	(55.5)	Chepstow ...	57.9	(54.3)
Caerleon ...	100.0	—	Llantarnam ...	53.09	(86.2)
Nantyglo and Blaina..	89.1	(85.8)	Abergavenny ...	50.89	(136.8)
Blaenavon ...	88.4	(89.9)	Abersychan ...	50.1	(38.6)
Tredegar ...	87.4	(79.8)	Usk ...	—	(117.6)
Abertillery ...	86.7	(78.0)			
Rhymney ...	81.5	(83.7)			
Bedwellty ...	80.0	(72.8)	RURAL—		
Llanfrechfa Upper...	75.9	(100.1)	Monmouth ...	117.0	(34.4)
Mynyddislwyn ...	68.9	(77.0)	Magor ...	68.6	(19.4)
Risca ...	66.9	(76.0)	Abergavenny ...	66.6	(53.5)
Ebbw Vale ...	64.8	(69.1)	Pontypool ...	56.6	(40.5)
Abercarn ...	59.8	(56.0)	St. Mellons ...	55.9	(44.2)
Bedwas and Machen..	58.8	(78.0)	Chepstow ...	33.0	(78.1)

CAUSES OF DEATH UNDER ONE YEAR OF AGE.

CAUSES.	1933	(1932)	(1931)	(1930)
All causes ...	399	(399)	(442)	(412)
Small Pox ...	—	—	—	—
Scarlet Fever ...	—	(1)	—	—
Measles ...	7	(1)	(12)	(1)
Diphtheria ...	2	—	(1)	—
Whooping Cough ...	15	(13)	(1)	(15)
Influenza ...	8	(6)	(4)	(2)
Cerebro-spinal Fever ...	—	(4)	(2)	—
Meningococcal meningitis ...	—	—	—	—
Pulmonary Tuberculosis ...	—	—	(1)	—
Other Tubercular Diseases ...	6	(2)	(3)	(2)
Cancer (Malignant disease) ...	—	—	(1)	—
Syphilis ...	1	(3)	(1)	—
Bronchitis ...	25	(29)	(36)	(24)
Pneumonia (all forms)...	49	(65)	(73)	(51)
Other Respiratory Diseases ...	3	(2)	—	(2)
Diarrhoea ...	24	(25)	(29)	(34)
Digestive Diseases ...	5	(5)	(7)	—
Acute and Chronic Nephritis ...	—	(1)	—	—
Appendicitis and Typhlitis ...	—	—	—	(1)
Congenital Debility ...	201	(202)	(213)	(204)
Violence ...	11	(3)	(6)	(5)
Other Defined Diseases...	42	(37)	(52)	(71)
Causes ill-defined or unknown...	—	—	—	—

The Vital Statistics for England and Wales for the year 1933, compiled by the Registrar-General, are as in the subjoined table. The Monmouthshire figures are given for the purpose of comparison.

	Birth Rate per 1,000 of population				Death Rate per 1,000 living		Deaths under one year per 1,000 births	
	Live Births	Still Births	Live Births	Still Births				
	1933	1933	1932	1932	1933	(1932)	1933	(1932)
ENGLAND & WALES ...	14.4	0.62	(15.3)	(0.66)	12.3	(12.0)	64.0	(65.0)
118 County Boroughs and Great Towns, including London ...	14.4	0.67	(15.4)	(0.70)	12.2	(11.8)	67.0	(69.0)
132 Smaller Towns (estimated resident populations, 25,000-50,000 at Census, 1931) ...	14.5	0.63	(15.4)	(0.69)	11.0	(10.8)	56.0	(58.0)
London ...	13.2	0.45	(14.2)	(0.51)	12.2	(12.3)	59.0	(66.0)
MONMOUTHSHIRE ...	16.29	.97	(17.1)	(1.02)	11.49	(11.1)	71.72	(67.7)

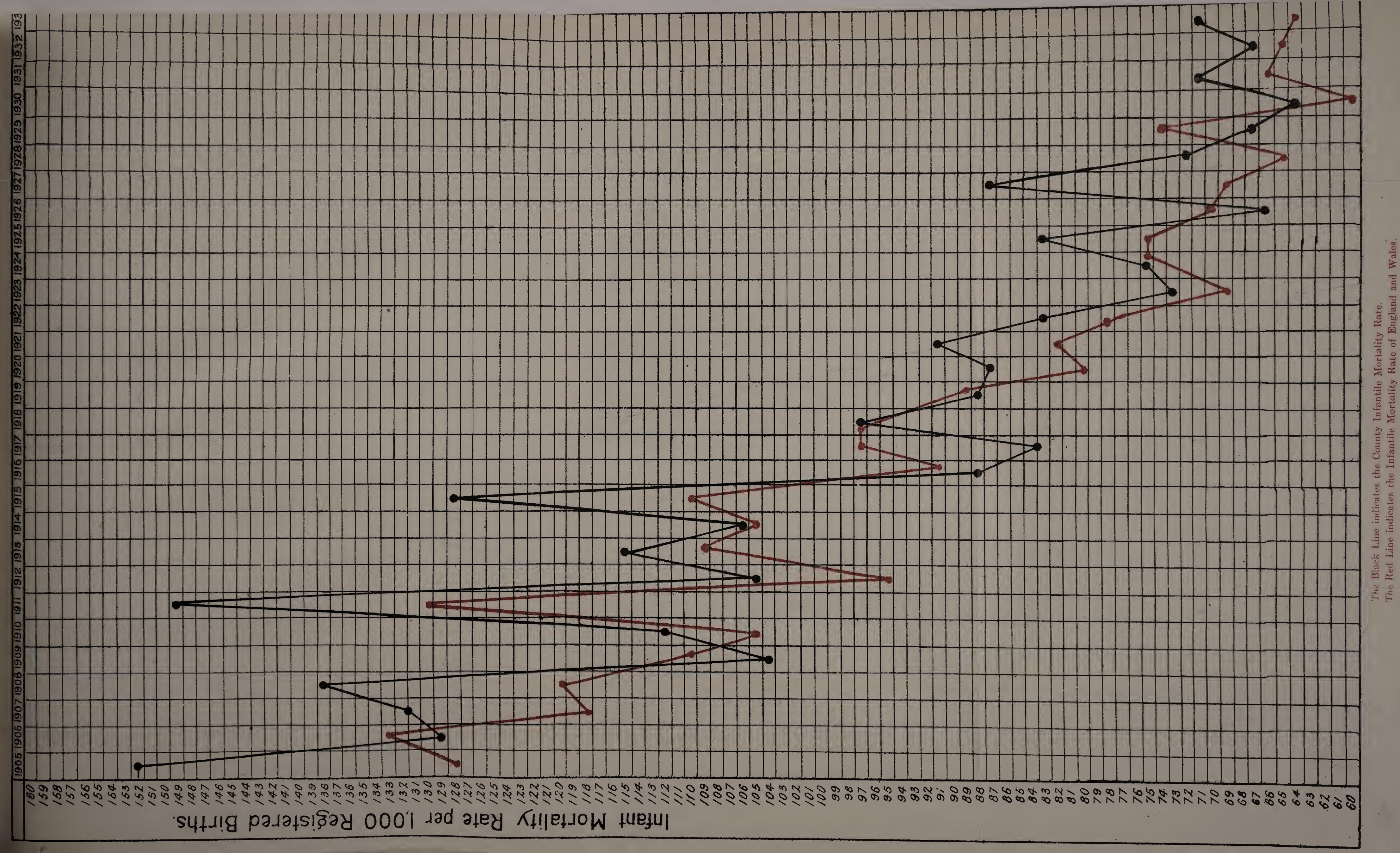
In all cases the estimated populations as supplied by the Registrar-General have been used for the purpose of this table.

NEO-NATAL MORTALITY.—The large proportion of deaths during the first month of life is still very noticeable. Of the total deaths under one year of age in this County a little more than half occur in and during the first four weeks. Although the infantile mortality rate has been so much reduced during the past 30 years the neo-natal rate remains very much the same.

These deaths are largely due to conditions of the mother and to difficulties during confinement and the problem is closely connected with that of maternal mortality. The need for the pre-natal supervision of all pregnant women is emphasised, as well as the greater provision of hospital beds.

D.—MATERNAL MORTALITY AND ANTE-NATAL CARE.

MATERNAL MORTALITY.—The number of deaths registered during the year from accidents and diseases of pregnancy and parturition was 40; 14 from puerperal sepsis and 26 from other puerperal causes. This is equal to a rate of 7.19 per 1,000 live births, which is an increase of 1.59 upon the figure for last year. Calculated upon total births (live and stillbirths) the figure is 6.7 per 1,000. The rate continues to be considerably higher than the rate for England and Wales, which for the year 1933 was 4.42 per 1,000 live births registered. The chief cause of the large increase in the County rate is puerperal sepsis, a reference to which is made on page 6 of this report.



It is surprising to find the rate increasing in face of all our efforts to reduce it. The County scheme for Maternity and Child Welfare includes the provision of 16 Ante-natal Clinics. Doctors are called in by all midwives in cases of emergency, the County Council being responsible for payment of the doctors' fees. The services of a Consultant Obstetric Surgeon are available for all cases recommended by the Medical Officers in charge of the Centres, and beds are obtainable for complicated cases at the Maternity Department of Cardiff Royal Infirmary.

What then is the cause of the higher maternal mortality? It must be amongst the women who do not attend the Ante-natal Clinics—only 23 per cent. of the women confined during the year attended the Ante-natal Clinics and the records kept at the Clinics show that the number of deaths of women who attended during the year was seven.

Dr. Mary Scott investigated all the maternal deaths for the purposes of the Ministry of Health investigation of the subject, and although the details are confidential it can be stated that during the two months of February and March of the year 1933, when influenza was prevalent in the County, four deaths from pneumonia occurred, the pneumonia not being associated in any way with difficult labour or with sepsis but following on an influenza cold contracted shortly before or just after confinement. During 1932 there was only one death from pneumonia and this was associated with phthisis.

These pneumonia deaths account for .7 of the increase and the abnormal number of deaths from puerperal sepsis means an increase of 1.0 per 1,000 births.

ANTE-NATAL CARE.—There was a slight decrease in the attendances of expectant mothers at the Ante-natal Clinics during the year. The 16 Clinics were visited by 1,353 women (23.7 per cent. of the total number of births—live and still—notified during the year), who made 2,793 attendances, the average attendance per session being 13.3 as compared with 14.7 last year and 13.9 in the year 1931.

5,699 babies were born in the County during the year; 1,353 expectant mothers attended Clinics, which means that 23 per cent. had at least one ante-natal examination. This percentage is the equal to that of the previous year.

Several of the Clinics are still over-crowded, and the Medical Officers find it impossible in the time at their disposal to give to all the women the attention which is necessary. Alterations have recently been made which allow Tredegar Clinic to be held once a week instead of once a fortnight, and Abertillery Clinic once a fortnight instead of once a month.

Much propaganda work is necessary to ensure that each young woman shall be trained and educated to seek ante-natal supervision early in pregnancy. Although our figures show that the number of women seeking ante-natal advice is growing year by year, there is still room for further efforts in this direction.

The following are the reports of the Medical Officers in charge of the Clinics :—

1.—Dr. MARY SCOTT, Assistant Medical Officer, Monmouthshire County Council.

ABERGAVENNY.—This Centre is open for one half day each month. The attendance at this Centre during the year, although still small, shewed a very satisfactory increase over that of previous years. The number of new patients was 20 in 1933 and total attendances 54, compared with new patients 7 in 1932 and total attendances 17. Two patients were found to be not pregnant and were referred to their family doctors for treatment of the gynaecological condition present. Six of the new patients were primiparae.

ABERSYCHAN.—This Centre is open for one half day each month. The average attendance for each two hourly session was 6.54. One patient who attended was not pregnant. One patient, who suffered from heart disease had a still-born baby which was dead two days before confinement. One patient had a miscarriage at four months, the cause being unknown. Two patients were referred to Venereal Diseases Department of Royal Gwent Hospital and received treatment there. Three patients were referred to the County Dentist and had teeth extracted. One set of female twins was born. Sixteen out of the 33 were primiparae.

BLAENAVON.—This Centre is open for one whole day each month. During the year 47 new patients attended. Of these 28 were primiparae. There was a slight drop in attendance of new patients which in the previous year was 54, but the average remained about the same 10.18 in 1932 and 10.6 in 1933. Six patients who attended were not pregnant. Two patients were referred to Venereal Department, Royal Gwent Hospital, and both received treatment. Three patients had teeth extracted by the County Dental officers. One patient had a miscarriage at four months, the cause being unknown. She was threatening miscarriage on her visit to the Clinic. One patient who, several years previously, had had eclamptic fits and a miscarriage managed with treatment to continue in pregnancy till seven and a half months. She was referred to her doctor then as her condition was becoming pre-eclamptic. He induced labour, she had a living child and got over confinement very well.

BLAINA.—This Centre is open for one whole day each month. The average attendance at each Clinic was 24.0 compared with 26.91 in the previous year. This is just about the correct number for a day's work in an Ante-natal Centre, and allows one to deal with all patients thoroughly and yet have no time to waste. There is one fact more noticeable here than at any of the other Centres, and that is the large number of patients who have attended during previous pregnancies. One patient had a living child, otherwise healthy except that the child had spina bifida. There was a continual high blood pressure during her pregnancy but nothing else abnormal was found. Three patients were not pregnant. One set of twins was born. In one case the child was found to be dead when patient made her first visit to Centre. She was confined of a still-born baby three days afterwards. Two patients had teeth extracted by County Dentist. 31 of the 92 new patients were primiparae.

CHEPSTOW.—This Centre is open for two hours each month. The attendance at this Centre during 1933 was larger than that of the previous year. The new patients numbered 27 compared to 16, and the average attendance was 5.27 compared to 4.8. Patients from an adjoining area of the County of Gloucester are seen at this Clinic, and a fee paid by that Authority to the Monmouthshire County Council for each patient. Two patients who attended were not pregnant. Two patients had dental extractions by County Dental Officer. Arrangements were made for one patient to be confined in Tredegar Maternity Home as her home conditions were not suitable for confinement. Eight primiparae attended during the year.

EBBW VALE.—This Centre in previous years was open for one half day a month, but in 1933 the time was extended to one whole day each month and the work can now be carried out comfortably. The new patients attending numbered 95 compared with 91 in 1932, and the average attendance was 19.0 compared with 20.5 in that year. Ten women attended during the year who were found to be not pregnant. One patient was referred to and treated by County Dentist. Three patients were confined in Tredegar Maternity Home. Two patients were referred to the Consultant Obstetrician. One was admitted to Cardiff Maternity Hospital and confined there; the other did not keep appointment made and was fortunate in getting over her confinement safely at home. Two patients had still-born babies; one was an Epileptic, and the other had kidney disease. One patient who attended died at her confinement. She was an unmarried woman of forty and mentally backward. She attended once only, three months before confinement. She had albuminuria. Her family doctor had her admitted to an Institution because of difficulty in making her carry out orders regarding diet, etc. She had eclampsia during labour and died. She was a primipara. One patient was suffering from advanced tuberculosis but survived her confinement and had a living child. 34 of the 91 patients who attended were primiparae. A much appreciated cup of tea was supplied by the ladies of the Local Maternity and Child Welfare Committee to each of the mothers. Our thanks are due to Mrs. Williams especially for her faithful attendance at the Centre and for the help she has rendered in many ways to the Health Visitors and myself during the year.

MONMOUTH.—This Centre is open for one morning each month. The numbers attending this Centre shewed a slight decrease; the total number of visits was 46 compared with 61 in 1932. Out of 25 new patients attending 10 were primipara. One unmarried patient suffering from venereal disease was sent to a hostel in London where she was confined and where she also received treatment. There was one set of twins. One patient suffering from heart disease was seen by the Consultant Obstetrician and was admitted to Cardiff Maternity Hospital for her confinement. Three patients who attended were not pregnant. One patient who had had a still-born child in 1932 owing to albuminuria was treated successfully and had a living full time baby in 1933.

NEW TREDEGAR.—This Centre is open for one whole day once a month. Fifty-nine new patients attended, but the total number of visits paid was only 105. For some unknown reason the number of re-visits paid by patients in this area is always rather poor. One patient, an unmarried girl, was referred to Nantyderry Home for her confinement. One patient had twins. One patient had a premature still-born baby, the cause of this being unknown, as there appeared to be nothing abnormal in the pregnancy. Sixteen of the patients who attended were primiparae.

PENGAM.—This Centre is open for one day each month. There was an increase in the new patients attending, and the total attendances rose from 124 in 1932 to 134 in 1933. One patient suffering from fatty disease of the heart had a miscarriage. One patient in spite of treatment had a still-born eight months baby, as the result of kidney disease. One patient who had tubercular disease of the spine and was in a very poor state of health, had a miscarriage at six months. One patient suffering from a very severe form of chorea was admitted to Cardiff Maternity Hospital at seven months, and after treatment was safely confined there at full time. Five patients were not pregnant when they attended. Six patients were referred to the County Dentist, and had carious teeth extracted. Of the 70 new patients who attended, 17 were primiparae. One patient was referred to Venereal Diseases Department of Royal Gwent Hospital and treated there.

PONTYPOOL.—This Centre is open for one half-day each month. The numbers attending are large for one half-day, and it is hoped that we soon shall be able to have a whole-day Clinic here once a month. Of the 87 new patients who attended, 36 were primiparae, and seven patients were found to be not pregnant. In one case the child was found to be dead when the patient paid her first visit to the Centre, and she had a miscarriage a few days later. One patient was referred to the Venereal Diseases Department of the Royal Gwent Hospital, and treated there. Two patients had dental extractions done by the County Dental Surgeon. One patient was referred to the Consultant Obstetrician, and had her confinement in Cardiff Maternity Hospital. This was her second confinement there, arranged for through this Clinic because of contracted pelvis.

RHYMNEY.—This Centre is open for one half-day each month. There was an increase in the number of re-visits paid, the average attendance being 9.54, compared with 8.9 in 1932. Three patients in this area were admitted to Tredegar Maternity Home for confinements, because of unsuitable home conditions. One patient was found to have a breast tumour. She was referred to her family doctor, and the tumour was excised in hospital when the patient was five months pregnant. One patient who had a still-born child at a previous confinement was found to have a malpresentation. She was referred to her own doctor, who couched the malpresentation in hospital, and the patient had a living child at full time. One patient had an operation for appendicitis in hospital when about five months pregnant, and had a still-born premature baby about two months later. Another patient, as the result of kidney disease, had a still-born baby, and also died herself at confinement. She had had two previous pregnancies terminating in still-births, and during the third pregnancy she was under family doctor and also attended the Centre. In spite of treatment her health was so undermined by old standing kidney disease that she did not survive her premature confinement.

TREDEGAR.—This Centre is open for one half-day twice each month, and the numbers attending are steadily increasing. The number of new patients who attended in 1933 was 123, compared with 58 in 1932, and the total attendances were 265, compared with 107. This is partly due to the fact that all patients in this area who have arranged for their confinement in the Tredegar Maternity Home are examined at the Antenatal Centre shortly before admission to the Home. The number of re-visits at this Centre is very good. Two patients were referred to and treated at the Venereal Disease Department of the Royal Gwent Hospital. Two patients were referred for extractions to the County Dental Officer. The incidence of kidney trouble in expectant mothers in this area is high, 14 out of the 123 new patients who attended developed definite albuminuria, with high blood pressure. The chief ailments from which these expectant mothers attending the Clinics suffered were Anæmia, Varicose Veins, Digestive troubles (the commonest variety being that source of discomfort common to the majority of expectant women, viz., "heart burn," Dental Caries, Pyorrhœa and Constipation. Debility was found in many cases but was not entirely confined to those patients whose husbands were unemployed. It is surprising to find how fit some of the women are, especially the younger ones, when we know of the very straightened circumstances in which they live. The condition of many of the elderly multiparae is not so satisfactory especially those with the larger families. This may not be altogether due to economic conditions, but seems to be more the result of those conditions combined with too frequent pregnancies. Fruit during 1933 seems to have been cheaper and more plentiful than in previous years, and many women have been taught to appreciate its value, and also the value of plenty of water and fresh vegetables during pregnancy. Albuminuria is a great source of worry to us at the Centres, and would seem to be on the increase, but this may be due to the more accurate methods of urine testing now employed. The taking of blood pressure in all cases is a most valuable aid, and gives us early warning of likely albuminurias, and enables us to start treatment early. In spite of

this, the two deaths which occurred in patients attending the above 12 Centres were due to kidney disease diagnosed early in pregnancy. Most of our premature confinements have also been due to this condition. Patients are encouraged to attend monthly, and sometimes more frequently if necessary, and to make a special effort to attend about the 36th week, when the final examinations are made and reports sent to the midwives. The midwives in practically all districts have been very helpful in encouraging patients to attend the Centres, and we have had many visits from midwives during the year. It will be noticed that a few more pregnant women attend each Centre during the year. These are mainly of three classes, namely, those who attend because of some gynaecological condition, those who attend to find out whether they are pregnant or not, and a smaller class of patients who are at the menopause, who think they are pregnant, and who are often difficult to persuade that they are not. At one Centre one particular patient of this type has attended several times each year since the Clinic first opened, always fully convinced that she is well advanced in pregnancy.

2.—Dr. MARY GORDON, Assistant Medical Officer, Monmouthshire County Council.

NEWPORT.—This Clinic is held one day in each month, and was well attended during the year under review, though the figures show a slight decrease all round when compared with those of 1932. 136 new cases attended, and 291 visits were paid, giving an average attendance of 26.4 per session. Of the 136 new cases attending, 65 were primiparae (roughly 32%), 75 were referred to the Clinic by midwives, 14 were sent by their own doctors, 14 came of their own accord, and 43 were referred from the County Infant Welfare Centre. An important feature of any Ante-natal Clinic is the opportunity it affords to midwives of the district to attend with their patients, and learn methods of examination, etc., and during the year several midwives took advantage of these facilities. 110 live births occurred during the year; three miscarriages occurred, one for no apparent reason, the other two in patients with a history of several recent miscarriages. Six patients attended who were found to be not pregnant. Three stillbirths occurred, two for no reason which could be discovered, one was a macerated foetus occurring in a patient who failed to attend during the last four weeks of pregnancy, the foetus being alive when the last ante-natal visit was paid. One woman attended when three months pregnant, but failed to attend again, and had eclampsia and a miscarriage later. The mothers who attended were on the whole very fit. 10 suffered from subnormal nutrition and the necessitous cases among these were helped with free food. Tonics, attention to dental sepsis and constipation, improved the health of the others. Six dental appointments were given, four cases of organic heart disease and 14 cases of increased blood pressure were found. In the latter cases, attention to diet and rest throughout the whole pregnancy prevented the onset of albuminuria and the possibility of eclampsia and a still-birth. Two cases of scoliotic pelvis were carefully watched during pregnancy and delivered of healthy babies. Three cases, because of unsuitable home conditions, were sent to Tredegar Maternity Home. One case was referred to the Consulting Obstetrician because of extreme and constant abdominal pain. No reason for the pain could be detected but, owing to the general lowering of the patient's resistance, admission to hospital was advised and patient was delivered of a healthy child. Two sets of twins were born—one pair alive and well. Of the other set, one was still-born owing to a protracted labour. No maternal deaths were recorded.

3.—Dr. P. R. WHITAKER, Assistant Medical Officer, Monmouthshire County Council.

CRUMLIN.—The total attendance for the year was good, being 331, a slight decrease on 1932 when the figure was 336. The average attendance per session, however, shows a slight increase—13.79 as against 13.44 in 1932, and 9.0 in 1931. Of these 153 were new

cases, 46.5 per cent. were primiparae, an increase of 6.5 per cent. The percentage showing some abnormality in their pregnancies remains the same, i.e., about 20 per cent. They include, amongst primiparae—Malpresentations 5, Contracted Pelvis 3, Renal inefficiency 4, Hyperemesis 2, Increased Blood Pressure 6. Amongst multiparae—Malpresentations 4, Placenta Praevia and accidental hæmorrhage 4, Varicose Veins 6, Renal inefficiency 5, Blood pressure 3, Hydramnios 2, Cystocele and Pregnancy 1. Four cases were referred to the Consultant Obstetrician. Post natal and pre-natal cases 16.

ABERTILLERY.—This Clinic is held once a month and is always well attended. Recently this clinic has been moved to new quarters, which are well equipped and much more satisfactory, both for the patients and the medical staff. The average attendance per session during the year shows an increase, i.e., 37.63 as against 36.0. 414 cases were examined of which 217 were new cases. Primiparae.—The percentage this year shows a decrease, being 39, as against 44 last year. Here again some 2 per cent. showed abnormalities, including contracted pelvis, varying degrees malpresentations, a renal inefficiency, varicose veins, most marked in multiparae.

OAKDALE.—This Clinic is held fortnightly and follows on from the Infant Welfare Centre. The average attendance during the first half of 1933 was not so good, making a figure for whole year of 8.75, yet the total attendances show a marked increase, being 210 as compared to 199. Of those attending 41.6 per cent. were primiparae, 58.4 per cent. were multiparae. 16 post natal cases attended for advice. Here as in other Centres the main abnormalities found were—malpresentations 6, albuminuria 2, increased blood pressure 2, contracted pelvis 2. Several cases were referred to the Consultant Obstetrician, and later to Cardiff for their confinements.

Clinic	Premises Used	Day and Time of Ante-natal Clinic	Date of Opening	Medical Officer in Charge	Health Visitor.	District served by the Clinic	No. of New Cases attended	Re-Visits	Total	Average Attendance at each Session
Abergavenny	...	4th Tuesday in month, 9.30 to 11.30 a.m.	1929 Nov., 26th	Dr. Annie Roberts	Nurse G. I. Golding	Abergavenny Urban and Rural Areas	20	34	54	4.9
Abersychan	...	4th Wednesday in month, 2 to 4 p.m.	Nov., 6th	Dr. P. R. Whitaker	Nurse A. Roberts	Abersychan, Varteg and Garndiffaith	33	39	72	6.5
Abertillery	...	Alternate Tuesdays—10 a.m. to 4 p.m.	1930 July, 19th	Dr. P. R. Whitaker	Nurse M. Sainsbury	Abertillery, Six Bells, Aberbeeg & Llanhilleth	217	197	414	37.6
Blaenavon	...	4th Friday in month, 10.30 a.m. to 12.30 p.m.	July, 29th	Dr. Mary Scott	Nurse C. M. Phillips	Blaenavon Urban District	47	59	106	10.6
Blaina	...	2nd Tuesday in month 9.30 a.m. to 12.30 p.m.	1929 Nov., 12th	Dr. Mary Scott	Nurse C. Davies	Nantyglo and Blaina	92	152	244	22.1
Chepstow	...	1.30 to 3 p.m.	Dec., 6th	Dr. Mary Scott	Nurse K. Webb	Chepstow Urban and Rural Areas	27	31	58	5.2
Crumlin	...	1st Friday in month, 2.30 to 4.30 p.m.	Nov., 1st	Dr. Philomene Whitaker	Nurse D. James	Llanhilleth, Crumlin, Havodyrynys, Newbridge, Abercarn and Cwmcarn	153	178	331	13.7
Ebbw Vale	...	Alternate Fridays, 10 a.m. to 12 noon.								
		3rd Tuesday in month, 9.30 a.m. to 4 p.m.	Nov., 19th	Dr. Mary Scott	Nurse M. Redwood	Ebbw Vale, Beaufort, Victoria, Waunllwyd and Cwm	95	95	190	19.0
Monmouth	...	1st Friday in month, 10 a.m. to 12 p.m.	Dec., 6th	Dr. Mary Scott	Nurse V. Phillips	Monmouth Urban and Rural Areas	25	21	46	4.1
Newport	...	2nd Friday in month, 10 a.m. to 12.30 p.m.	Dec., 2nd	Dr. Mary Gordon	Nurse R. Davies	Machen, Rhiwderin, Rogerstone, Bassaleg, Ynysddu, Cwmfelin-fach, Cross Keys, Risca, Pontnewydd, Cwmbran, Malpas, Caerleon, Caldicot, Magor Rural Area, Rumney and St. Mellons Rural Area	136	155	291	26.4
New Tredegar	...	3rd Friday in month, 9.30 a.m. to 12.30 p.m.	Nov., 15th	Dr. Mary Scott	Nurse F. Williams	New Tredegar, Cwmsyflog and Aberbargoed	59	46	105	10.5
Oakdale	...	1.30 to 3 p.m.	Oct., 28th	Dr. Philomene Whitaker	Nurse G. M. Watkins	Oakdale, Blackwood and Pontllanfraith	123	87	210	8.7
Pengam	...	Alternate Mondays, 2 to 4 p.m.	Dec., 3rd	Dr. Mary Scott	Nurse M. B. James	Cefn Forest, Pengam, Maesycwmmmer, Bedwas and Trethomas	70	64	134	12.1
Pontypool	...	2nd Friday in month, 9.30 a.m. to 12.30 p.m.								
		1.30 to 3 p.m.								
		4th Tuesday in month, 9.30 a.m. to 3.30 p.m.	Nov., 26th	Dr. Mary Scott	Nurse E. A. Morgan	Pontypool, Pontnewynydd, Pontymoile, Panteg, and Griffithstown.	87	81	168	15.2
Rhymney	...	1st Tuesday in month, 10 a.m. to 12 noon.	Dec., 3rd	Dr. Mary Scott	Nurse W. Jones	Rhymney and Abertysswg	46	59	105	9.5
Tredegar	...	Every Wednesday—2 to 4 p.m.	Nov., 19th	Dr. Mary Scott	Nurse K. M. Walters	Tredegar, Sirhowy, Trevil, Bedwellty Pits, Troedrhwiwgwair, Hollybush, Markham Village and Argoed	123	142	265	12.0
Totals							1353	1440	2793	13.3

E.—MATERNITY AND CHILD WELFARE CENTRES.

The following are the details of the Centres now open under the scheme approved by the County Council and the Local Government Board in 1916, the number being 43 :—

Location of Centre.	District Served.	Premises Utilised	Date of Opening	Day and Hours of Consultations	Medical Officer.
Aberbargoed ...	Aberbargoed	Domestic Arts Centre, Aberbargoed School	1917 Nov. 4th	Wednesday, 10 a.m.—1 p.m.	Dr. A. Roberts
Abercarn ...	Abercarn and Cwmearn	English Baptist Church Schoolroom, Abercarn	Oct. 18th	Thursday, 10 a.m.—12-30 p.m., 2-30—4-30 p.m.	Dr. E. M. Griffith
Abergavenny ...	Abergavenny Urban and Rural Districts	Boy Scouts' Rooms, Neville Street, Abergavenny.	April 17th	Tuesday, 2-30—4-30 p.m.	Dr. G. W. Parry
Abersychan ...	Abersychan	Congregational Schoolroom, Abersychan.	1918 Oct. 29th	Wednesday, 11 a.m.—1 p.m.	Dr. R.J.S. Verity
Abertillery ...	Abertillery and Cwmtillery	59 Tillery Street, Abertillery	1917 June 8th	Friday, 10-45 a.m.—3 p.m.	Dr. T. Baillie Smith
Abertysswg ...	Abertysswg	Ainon Baptist Chapel, Abertysswg	1920 July 7th	Wednesday, 10 a.m.—1 p.m.	Dr. Mary Scott
Beaufort ...	Beaufort	Primitive Methodist Schoolroom, Beaufort	1919 Sept. 3rd	Thursday, 11 a.m.—1 p.m. Doctor attends on alternate Thursdays	Dr. Mary Scott
Blackwood ...	Blackwood, Pontllanfraith and Argoed	Parish Hall, Blackwood	1917 April 20th	Mondays 10-30 a.m.—12-30 p.m. and 2—4 p.m.	Dr. P. R. Whitaker
Blaenavon ...	Blaenavon	Workmen's Surgery, Blaenavon	June 6th	Wednesday, 2—4 p.m.	Dr. J. Reynolds
Blaina ...	Blaina	Church Institute, Blaina	April 17th	Friday, 10 a.m.—4 p.m.	Dr. W. Panes
Caerleon ...	Caerleon and Christchurch	Ty Craig, High Street, Caerleon.	Nov. 21st	Alternate Wednesdays, 2—4 p.m.	Dr. M. Gordon
Caldicot ...	Caldicot, Sudbrook, Portskewett & District	Wesleyan Chapel, Caldicot.	1920 June 1st	Tuesday, 1-30—3-30 p.m.	Dr. P. R. Whitaker
Chepstow ...	Chepstow Urban and Rural Districts	Domestic Arts Centre, Bridge Street School, Chepstow	1917 March 27th	Thursday, 10 a.m.—12 noon, 2—4 p.m.	Dr. T. L. Drapes
Crosskeys ...	Crosskeys, Wattsville and Pontywaun	Primitive Methodist Schoolroom, Crosskeys	Nov 23rd	Friday, 2-4 p.m.	Dr. A. S. M. Dewar
Crumlin ...	Crumlin	4 Hafodyrynys Road, Crumlin.	1924 March 28th	Friday, 2—4 p.m.	Dr. P. R. Whitaker
Cwm ...	Cwm, Victoria and Waunllwyd	Parish Hall, Cwm	1917 Nov 20th	Thursday, 10-30 a.m.—1 p.m. Doctor attends on alternate Thursdays.	Dr. M. Scott
Cwmbran ...	Llantarnam, Cwmbran, Llanfrechfa & Ponthir	Council Offices, Cwmbran	March 21st	Thursday, 2—4 p.m.	Dr. P. R. Whitaker
Ebbw Vale ...	Ebbw Vale	James Street Wesleyan Chapel, Ebbw Vale	March 13th	Tuesday, 10 a.m.—4 p.m.	Dr. F. M. Fonseca
Garndiffaith ...	Varteg, Victoria, Cwmavon & Garndiffaith	Calvinistic Methodist Schoolroom, Garndiffaith	Oct. 23rd	Tuesday, 11 a.m.—1 p.m.	Dr. R.J.S. Verity
Llanhilleth ...	Llanhilleth and Aberbeeg	Workmen's Institute, Llanhilleth	1917 Oct. 15th	Monday, 2—4 p.m.	Dr. T. Baillie Smith

Location of Centre.	District Served	Premises Utilised.	Date of Opening	Day and Hours of Consultations	Medical Officer.
Malpas ...	Malpas	The Institute,	1930 Jan. 2nd	Alternate Thursdays, 10 a.m. to 12 noon	Dr. Mary Gordon
Markham Village	Markham	46 Abernant Road, Markham	1933 Feb. 15th	Wednesdays, 2—4 p.m.	Dr. A. Roberts
Monmouth ...	Monmouth Urban and Rural Districts	Workingmen's Inst., Monk St., Monmouth	1917 June 15th	Friday, 2-30—4-30 p.m.	Dr. W. H. Williams
Nantyglo ...	Nantyglo	English Wesleyan Church, Nantyglo	1924 July 14th	Mondays, 1 p.m.—4 p.m.	Dr. W. Panes
Newbridge ...	Newbridge and Pentwynmawr	Tabernacle Baptist Schoolroom, Newbridge	1917 March 20th	Monday, 10—12 noon, and 2—4 p.m.	Dr. T. M. O'Riordan
Newport ..	Maesglas, Gaer Park, St. Brides, Magor, etc.	School Clinic, Stanley Road, Newport	March 21st	Alternate Wednesdays 2—4 p.m.	Dr. M. Gordon
New Tredegar .	New Tredegar and Cwmsyfiog	Wesleyan Methodist Schoolroom, New Tredegar	March 29th	Monday, 10—12 noon and 2—4 p.m.	Dr. W. B. Owen
Oakdale ...	Oakdale, Rhiw-syr- dafydd and Mark- ham Village.	Women's Institute, Oakdale	1918 Oct. 25th	Alternate Tuesdays, 10.30—4.0 p.m.	Dr. P. R. Whitaker
Panteg ...	Panteg, Griffithstown and Pontrhydyrun	Baptist Chapel, Griffithstown.	1917 March 21st	Thursday, 10—12 noon	Dr. P. R. Whitaker
Pengam ...	Pengam, Fleur-de-lis and Maesycwmmwr	Vine House, High Street, Pengam	March 12th	Thursday, 10.30—12.30 and 1-30—3-30 p.m.	Dr. B. O. MacQuillan
Pontnewynydd ...	Pontnewynydd	Wesleyan Chapel, Pontnewynydd	April 19th	Thursday, 11 a.m.— 1 p.m.	Dr. R. J. S. Verity
Pontymoile ..	Pontymoile, New Inn, and Pontypool Road	Mission Hall, Pontymoile	Oct. 17th	Tuesday, 10—12 noon,	Dr. T. M. O'Riordan
Pontypool ...	Pontypool, Mamhilad, Glascoed, Goytre, Coedypaen, Llangibby	Tabernacle Schoolroom, Crane Street, Ponty- pool	May 9th	Wednesday, 10—12 noon and 2—4 p.m.	Dr. E. D. Owen
Rhymney ...	Rhymney and Rhym- ney Bridge.	Domestic Arts Centre, Middle Rhymney School	March 12th	Tuesday, 2—4 p.m.	Dr. R. V. de A. Redwood
Risca ...	Risca	Domestic Arts Centre, Danygraig School, Risca	March 23rd	Friday, 10—12 noon and 2—4 p.m.	Dr. A. Roberts
Rogerstone ...	Rogerstone, Bassaleg, and Rhiwderin	Domestic Arts Centre, Rogerstone School	Nov. 12th	Alternate Fridays, 10—12 noon	Dr. P. R. Whitaker
Rumney ...	St. Mellons, Peterstone and Rumney	Baptist Chapel, Rumney	Dec. 5th	Alternate Thursdays, 2—4 p.m.	Dr. E. D. Owen
Six Bells ...	Six Bells & Aberbeeg	Methodist Chapel, High St., Six Bells	1920 Sept. 29th	Wednesday, 2—4 p.m.	Dr. T. Baillie Smith
Tredegar ...	Tredegar, Sirhowy, Trevil, Troedrhiwg- wair, Bedwellty Pits, Hollybush	Wesleyan Chapel, Har- court St., Tredegar	1917 Feb. 26th	Tuesday, 11 a.m.— 1 p.m.	Dr. E. T. H. Davies
Trethomas ...	Trethomas, Bedwas, and Machen	Baptist Chapel, Trethomas	April 19th	Monday, 10.30—12.30 and 1-30—3-30 p.m.	Dr. Mary Scott
Upper Pontnewydd ...	Pontnewydd and Croesyceiliog.	Ashley House, Pontnewydd.	1919 June 16th	Tuesday, 2—4 p.m.	Dr. T. M. O'Riordan
Usk ...	Usk and Rural Area	Twyn Square, Usk.	Nov. 11th	Alternate Tuesdays, 10—4 p.m.	Dr. W. R. Nash
Ynysddu ...	Cwmfelinfach and Ynysddu	Domestic Arts Centre, Ynysddu School.	March 23rd 1917	Friday, 10—12 noon	Dr. A. S. M. Dewar

F.—DETAILS OF ATTENDANCES AT CENTRES.

CENTRE	MEDICAL OFFICER	No. of Infants on Registr ^r at 31st Dec., 1932	INFANTS						NURSING MOTHERS			EXPECTANT MOTHERS				
			New Cases		Re-visits		Total	Grand Total	Average Attendance at each Session	New Cases	Re-Visits	Total	New Cases	Re-Visits	Total	
			Under 1 Year	1-5 Years	Under 1 Year	1-5 Years										
Aberbargoed	Dr. A. Roberts	253	103	14	1002	394	1105	408	1513	31.5	77	88	165	15	5	20
Abercarn	Dr. E. M. Griffith	246	131	—	2089	1101	2220	1101	3321	70.6	6	—	6	1	—	1
Abergavenny	Dr. G. W. Parry	274	111	24	814	540	925	564	1489	31.0	2	4	6	2	—	2
Abersychan	Dr. R. J. S. Verity	175	75	21	558	229	633	250	883	18.3	12	9	21	—	—	—
Abertillery	Dr. T. B. Smith	594	245	44	2128	914	2373	958	3331	68.5	—	1	1	2	—	—
Abertysswg	Dr. M. Scott	88	45	6	384	137	429	143	572	11.9	22	38	60	2	—	2
Beaufort	Dr. M. Scott	122	52	15	623	220	675	235	910	18.5	17	22	39	—	—	—
Blackwood	Dr. P. R. Whitaker	278	140	38	987	332	1127	370	1497	58.2	152	133	285	19	13	32
Blaenavon	Dr. J. Reynolds	310	139	16	1116	577	1255	593	1848	38.4	16	69	85	1	—	1
Blaina	Dr. W. Panes	286	98	15	1394	750	1492	765	2257	47.0	55	60	115	1	3	4
Caerleon	Dr. M. Gordon	123	36	10	266	306	302	316	618	25.7	18	67	85	13	93	106
Caldicot	Dr. P. R. Whitaker	131	35	14	697	827	732	841	1573	32.7	17	69	86	5	5	10
Chepstow	Dr. T. L. Drapes	245	81	22	1084	1280	1165	1302	2467	51.3	—	—	—	—	—	—
Crosskeys	Dr. A. M. Dewar	90	53	2	580	226	633	228	861	18.3	27	39	66	5	1	6
Crumlin	Dr. P. R. Whitaker	179	95	5	716	305	811	310	1121	23.3	8	127	135	153	178	331
Cwm	Dr. M. Scott	208	98	26	1075	452	1173	478	1651	34.3	28	30	58	—	—	—
Cwmbran	Dr. P. Whitaker	234	99	3	1091	432	1190	435	1625	33.8	107	363	470	3	4	7
Ebbw Vale	Dr. F. M. Fonseca	337	198	60	1930	569	2128	629	2757	57.4	26	46	72	—	—	—
Garndiffaith	Dr. R. J. S. Verity	170	73	10	563	219	636	229	865	18.0	14	11	25	1	—	1
Llanhilleth	Dr. T. B. Smith	486	148	49	1418	682	1566	731	2297	47.8	—	—	—	6	2	8
Malpas	Dr. M. Gordon	115	36	15	410	528	446	543	989	38.0	20	92	112	9	96	105
Markham	Dr. A. Roberts	126	73	40	576	114	649	154	803	19.1	37	29	66	—	—	—
Monmouth	Dr. W. H. Williams	160	57	1	375	255	432	256	688	14.3	—	—	—	—	—	—
Nantyglo	Dr.* W. Panes	158	71	5	829	378	900	383	1283	26.7	66	164	230	3	1	4
Newbridge	Dr. T. M. O'Riordan	320	139	3	2313	1162	2452	1166	3618	75.3	21	84	105	2	2	4
Newport	Dr. M. Gordon	207	78	21	548	386	626	407	1033	39.7	71	134	205	7	2	9
New Tredegar	Dr. W. B. Owen	283	107	9	1307	442	1414	451	1865	38.8	99	81	180	8	4	12
Oakdale	Dr. P. R. Whitaker	198	93	42	592	344	685	386	1071	44.6	121	144	265	123	87	210
Panteg	Dr. P. R. Whitaker	201	72	11	960	619	1032	630	1662	34.6	77	317	394	3	3	6
Pengam	Dr. B. L. MacQuillan	374	153	24	1570	679	1723	703	2426	50.5	87	217	304	6	3	9
Pontnewydd	Dr. T. M. O'Riordan	122	57	3	531	320	588	323	911	18.9	55	130	185	12	4	16
Pontnewynydd	Dr. R. J. S. Verity	258	124	7	721	373	845	380	1225	25.5	33	11	44	1	2	3
Pontymoile	Dr. T. M. O'Riordan	114	44	1	419	255	463	256	719	14.9	46	113	159	5	2	7
Pontypool	Dr. E. D. Owen	273	115	13	1006	597	1121	610	1731	36.0	56	75	131	5	7	12
Rhymney	Dr. R. V. de A. Redwood	210	99	6	690	146	789	152	941	19.5	31	100	131	1	—	1
Risca	Dr. A. Roberts	280	119	10	1797	1042	1916	1052	2968	61.8	18	46	64	5	1	6
Rogerstone	Dr. P. R. Whitaker	145	62	9	460	278	522	287	809	32.3	166	186	352	14	14	28
Rumney	Dr. E. Owen	98	36	20	328	197	364	217	581	22.3	25	38	63	—	—	—
Six Bells	Dr. T. B. Smith	293	137	53	1357	624	1494	677	2171	45.2	—	—	—	—	—	—
Tredegar	Dr. E. T. H. Davies	419	225	17	1443	455	1668	472	2140	44.5	—	—	—	—	—	—
Trethomas	Dr. M. Scott	257	102	13	1389	587	1491	600	2091	43.5	47	111	158	24	13	37
Usk	Dr. W. R. Nash	80	34	5	235	212	269	217	486	19.4	29	45	74	7	21	28
Ynysddu	Dr. A. M. Dewar	235	107	38	1146	339	1253	377	1630	33.9	75	162	237	30	13	43
Total		9755	4195	760	41517	20825	45712	21585	67297	35.93	1784	3455	5239	494	579	1073

G.—DETAILS OF MOTHERS' AILMENTS UPON WHICH ADVICE WAS GIVEN AT THE CENTRES.

Peculiar to Nursing Mothers—

Deficient Lactation	...	65
Sore Nipples	...	31
Mastitis	...	40
Fits at Confinement	...	1
Not Classified	...	61

Peculiar to Women—

Menorrhagia	...	27
Leucorrhœa	...	40
Amenorrhœa	...	19
Prolapse of Uterus	...	6
Abnormal Vaginal Discharge	...	10
Dysmenorrhœa	...	6
Pruritis Vulvæ	...	4
Insanity following Pregnancy	...	1
Metrorrhagia	...	16
Hyperemesis	...	4
Vomiting of Pregnancy	...	2
Abortion	...	4
Still-birth	...	2
Not Classified	...	40

Alimentary System—

Constipation	...	510
Dental Caries	...	350
Hæmorrhoids	...	40
Gastritis	...	37
Pyorrhœa	...	46
Diarrhœa	...	10
Gastro Enteritis	...	4
Indigestion	...	50
Jaundice	...	6
Stomatitis	...	1
Not Classified	...	30

Respiratory, Cardiac and Circulatory Systems—

Anæmia	...	220
Bronchitis & Bronchial Catarrh	...	50
Varicose Veins	...	10
Heart Disease	...	10
Pulmonary Tuberculosis	...	4
Asthma	...	3
Pleurisy	...	6
Phlebitis	...	2
Varicose Ulcers	...	2
Not Classified	...	14

Venereal Diseases—

Venereal Disease	...	20
Suspected Venereal Disease	...	6

Skin—

Chilblains	...	2
Psoriasis	...	2
Eczema	...	10
Boils	...	12
Scabies	...	1
Acne Rosaris	...	1
Lipoma	...	1
Urticaria	...	3
Dermatitis	...	4
Pruritis	...	1
Abscess	...	12
Not Classified	...	29

Eye—

Conjunctivitis	...	16
Blepharitis	...	19
Styes	...	2
Squint	...	1
Iritis	...	1

Ear, Nose and Throat—

Laryngitis	...	12
Tonsilitis	...	15
Enlarged Thyroid	...	21
Nasal Catarrh	...	30
Otorrhœa	...	4
Enlarged Tonsils	...	6
Not Classified	...	15

Nervous System—

Neuralgia	...	10
Neuritis	...	12
Giddiness	...	2
Fits	...	2
Epilepsy	...	2
Not Classified	...	8

Urinary System—

Cystitis	...	9
Incontinence	...	4
Albuminuria	...	4
Nephritis	...	10
Rheumatism	...	16
Not Classified	...	12

Miscellaneous—

General Debility	...	300
Hernia	...	1
Backache	...	10
Malnutrition	...	20
Miscellaneous	...	150

H.—DETAILS OF INFANTS' AILMENTS UPON WHICH ADVICE WAS GIVEN AT THE CENTRES.

Prematurity	60	Respiratory, Cardiac and Circulatory Systems—	
Birth Injuries and Malformations—		Bronchitis & Bronchial Catarrh	2016
Umbilical Protrusion & Hernia	390	Anæmia	176
Phimosis	310	Heart Disease	29
Inguinal Hernia	78	Whooping Cough	40
Tongue Tie	40	Pneumonia	14
Hydrocele	10	Tuberculosis of Lungs	2
Undescended Testicles	41	Asthma	4
Hydrocephalus	6	Epistaxis	5
Hare Lip	2	Pleurisy	2
Cleft Palate	2	Bronchiectasis	4
Spina Bifida	6	Not Classified	12
Hæmatoma (Sterno-mastoid)	7		
Meningocele	5	Skin—	
Birth Injury to Shoulder	2	Impetigo	212
Ventral Hernia	1	Urticaria	195
Balanitis	1	Intertrigo	121
Hypospadias	4	Eczema	168
Webbed Fingers	1	Umbilical Discharge	115
Imperforate Hymen	1	Nævus	78
Miscellaneous	21	Sores	60
		Scabies	28
Alimentary System—		Seborrhœa	40
Constipation	900	Abscess	21
Enteritis	361	Burns and Scalds	12
Gastro-Enteritis	215	Boils	24
Stomatitis	186	Dermatitis	38
Dentition	250	Sore Buttocks	40
Worms	210	Ringworm	2
Gastritis	128	Mastitis	5
Dental Caries	256	Pemphigus Neonatorum	3
Flatulence	70	Erythema	2
Vomiting	24	Psoriasis	4
Jaundice	29	Chilblains	16
Vaginitis	6	Vulvitis	2
Distended Abdomen	1	Umbilical Polypus	1
Colitis	4	Umbilical Inflammation	1
Tuberculosis of Abdomen	1	Xeroderma	1
Rectal Prolapse	7	Not Classified	6
Not Classified	28		
		Urinary System—	
Bones and Joints—		Enuresis	21
Orthopædic Conditions	120	Cystitis	6
		Nephritis	6
Nervous System—		Inflamed Penis	6
Convulsions	46	Retention	2
Mentally Deficient	40	Vulvo Vaginitis	1
Nervous	12		

Eye—			Lymphatic System—		
Blepharitis	...	61	Adenitis	...	160
Conjunctivitis	...	76	Enlarged Spleen	...	1
Squint	...	53	Enlarged Glands	...	6
Nystagmus	...	4	Deficiency Diseases—		
Ptosis	...	7	Rickets	...	198
Ophthalmia Neonatorum	...	6	Debility	...	117
Epiphora	...	3	Malnutrition	...	151
Corneal Ulcer	...	2	Marasmus	...	60
Keratitis	...	1	Undernourishment	...	26
Defective Vision	...	1	Venereal Diseases—		
Styes	...	3	Ophthalmia Neonatorum	...	5
Not Classified	...	10	Rheumatism	...	6
Ear, Nose and Throat—			Chorea	...	10
Nasal Catarrh	...	516	Growing Pains	...	4
Otorrhœa and Otitis	...	341	Miscellaneous—		
Septic and Enlarged Tonsils	...	291	Infectious Diseases	...	176
and Adenoids	...	4	Injuries	...	12
Mouth Breathing	...	10	Deaf and Dumb	...	1
Laryngitis	...	4	Meningitis	...	1
Deafness	...	10	Overweight	...	1
Tonsilitis	...	2	Miscellaneous	...	28
Laryngeal Catarrh	...	12			
Miscellaneous	...				

I.—REPORTS OF MEDICAL OFFICERS OF THE CENTRES.

1.—DR. MARY SCOTT, Assistant Medical Officer, Monmouthshire County Council.

FEEDING OF INFANTS UNDER NINE MONTHS OF AGE.

	Trethomas	Cwm	Abertysswg	Beaufort
	%	%	%	%
Breast-fed	50.0	45.6	32.6	40
Artificially fed	32.7	36.9	41.3	32.9
Breast and Artificially fed	17.3	17.5	26.1	27.1

ABERTYSSWG CENTRE.—This Centre is open for one half-day weekly. The Medical Officer is in attendance once a fortnight. There was a slight decrease in the total attendances for the year and there was also a definite decrease in the number of breast-fed babies attending. Why the number attending is lower than previous years is partly due to the fact that the Medical Officer attends only once a fortnight, and many of the mothers get into the habit of attending once a fortnight also.

BEAUFORT CENTRE.—This centre is open for two hours each week with the Medical Officer in attendance once a fortnight. The numbers attending remained satisfactory. There was again a considerable drop in the number of breast fed babies brought to the centre from 53.8 per cent in 1932 to 40 per cent in 1933.

CWM CENTRE.—This centre is open for one whole day of two sessions fortnightly. The total attendance has increased during the year, both in the Infants and Toddlers' Classes. The total attendances of children under one-year was 1173 compared with 1129 in 1932 and of children over one-year from 309 to 478. Breast Feeding has also increased from 40 per cent to 45.6 per cent for year 1933.

TRETHOMAS CENTRE.—This Centre is open for one whole day of two sessions once each week. There was a decrease in the total number of visits by children under a year, from 2370 to 2091 and in toddlers from 796 to 600 in 1933. The average weekly attendance however is still quite satisfactory, 43.56 per week. Breast-feeding dropped from 56.1 per cent. to 50.0 per cent. in 1933.

GENERAL.—The attendance at all four Centres remains satisfactory, although the general trend in numbers seems to be slowly downwards. This may be partly accounted for by the decrease in the birth rate. The amount of breast-feeding seems to be gradually becoming less year by year. The percentage in Abertysswg especially of wholly breast-fed babies is very low, being only 32.6 per cent. There has been a slightly larger amount of dried milk given free during the year. Drugs are not prescribed very largely at these Centres; most of the work done is preventative and much time is taken up giving advice regarding feeding, hygiene, clothing, etc. Cod liver oil has been given and prescribed rather freely at these Centres in the hope of lessening the incidence of rickets and in helping to cure this disease when present. This is a disease which seems to be on the increase and is often found to run through a family and is not met only in families where the necessary food is difficult to obtain. Two sisters attending one of these Centres have received orthopædic treatment for rickets. There is no lack of good food in the home. The father has not been unemployed and the home conditions are altogether satisfactory. The disease in this case may be due to certain calcium and vitamin deficiencies in the mother during pregnancy. A third child has now been born and has been started on cod liver oil treatment from a month old and it will be interesting to note the result of this in about a year's time. Very little undernourishment is found in babies attending the Centres, but there is no doubt that the condition of many children over a year is not quite satisfactory. Many are underweight. This may be partly due to lack of milk in their diet, partly to wrong feeding, and partly to lack of sufficient sleep. Many of the mothers and children continue to benefit from the dental treatment which they receive from the County Dental Officers.

2.—Dr. MARY GORDON, Assistant Medical Officer, Monmouthshire County Council.

DETAILS OF FEEDING.

	Caldicot	Caerleon	Newport	Malpas
	%	%	%	%
Breast-fed	45.0	36.0	54.0	31.0
Breast and Artificially fed	10.0	2.0	6.0	11.0
Artificially fed ...	45.0	62.0	40.0	58.0

NEWPORT CENTRE.—This Centre is held on alternate Wednesday afternoons and is attended by mothers and babies from the Gaer, Glasllwch, some parts of Liswerry, and Maesglas. Though the figures for attendance are less than during 1932, yet the average attendances were very satisfactory. 78 new babies attended, and 548 baby re-visits were paid, the average attendance per session being 39.72. There was a fair percentage of lactational deficiency among the mothers (about 15 per cent.). There is still a great deal of unemployment in the Maesglas area, owing to irregular work at the Docks, and most of the food given to nursing mothers was given to aid women in that district. Thereby the women are able to carry on with breast-feeding till a later period. The figure for breast-

feeding was higher than last year, 54 per cent. compared with 45.4 per cent. The babies on the whole were healthy. Five cases attended the Orthopædic Clinic—four with rachitic bowing of the legs had splints for night wear, and massage. One with pes planus was given special boots with wedges. Two sets of twins attended and did well. One case of squint was referred to Dr. Coulter. 386 visits were paid by 90 toddlers, the majority of whom attended the Centre with their mothers who were bringing babies. The nutrition of these toddlers was in many cases poor, not so much because insufficient food was given but because the wrong type of food was used, and a limited supply of cows' milk was given. Threadworms, bronchial catarrh, dental caries and enlarged or diseased tonsils were the chief ailments. Free food and fresh milk was given away in necessitous cases when necessary on medical grounds.

MALPAS CENTRE.—This Centre is held on alternate Thursday mornings. The figures for attendance show an increase all round when compared with the previous year. The number on the Register at the end of the year was 115, 36 new babies attended making 410 re-visits, and the average attendance was 38.03 per session, compared with 32.8 the previous year. The mothers, on the whole, were not so fit as last year, so it is not surprising that the figure for breast-feeding is lower than last year. There was an increase in the number of families who attended where the father was unemployed, so slightly more free food was given away. The babies on the whole were very fit. Five cases of mild rickets attended—two with curvature of the tibiæ had splinting and massage at the Orthopædic Clinic, one case of torticollis was given a collar to wear at night and two cases of flat foot were given special boots and exercises. 64 toddlers attended, of whom six showed evidence of subnormal nutrition. 13 had enlarged tonsils, but in only two cases were the tonsils unhealthy, requiring removal. With the exception of about six who came with their mothers who were bringing a baby to the Clinic, most of the toddlers came because of bronchial catarrh, threadworms and decayed teeth. One case of squint was referred to Dr. Coulter. There were 112 total attendances of nursing mothers, six of whom showed evidence of lactational deficiency. Four expectant mothers were referred to the Antenatal Clinic at Newport. Free food was supplied in a few cases.

CAERLEON CENTRE.—This Centre is held fortnightly, on Wednesday afternoon. The figures for attendance show a gratifying increase all round when compared with those of 1932. 36 new babies attended, 266 baby re-visits were paid and the average attendance per Session was 25.74. The number on the Register at the end of the year was 123, compared with 96 the previous year. A number of young mothers from Christchurch came with their babies, and favourable weather conditions enabled them to attend regularly. Breast-feeding shows a regrettable decrease, being 36 per cent. instead of 50 per cent. as in the previous year. The drop is largely explained by the fact that the majority of the mothers who came for the first time, though apparently in excellent health, had already begun to artificially feed their babies. Unfortunately many of these babies were first-born ones, but it is hoped that the breast-feeding propaganda work carried out at the Centres may encourage mothers to try breast-feeding should subsequent pregnancies ensue. The babies, on the whole, were very fit. Two cases of hare-lip and cleft palate attended, and were referred for hospital treatment. Two cases of squint attended Dr. Coulter's Clinic. Three cases of mild rickets were cured by attention to diet, fresh air and other hygienic measures. 50 toddlers attended, chiefly because of minor ailments, making 306 visits. Three showed signs of mild rickets and two subnormal nutrition. One case of the former was referred to the Orthopædic Clinic and had splinting and massage for curvature of the tibiæ. Bronchial catarrh, threadworms and enlarged tonsils and adenoids were the chief ailments. 18 nursing mothers attended and made 67 re-visits—only three showed evidence of lactational debility and were helped with tonics and free food in necessitous cases. Three had dental appointments. About the same amount of free food as last year was given away. Several ladies of the Local Infant Welfare Committee attended regularly throughout the year and gave much valuable help.

CALDICOT CENTRE.—This Centre is held weekly, and is attended by mothers and babies from Caldicot and the surrounding rural district. The attendance was satisfactory throughout the year, though the figures for attendance as a whole show a decrease compared with the figures for 1932. 35 new babies attended, 697 re-visits were paid, and the average attendance was 32.7. The mothers persevered with breast-feeding, those among them who were not so fit being helped with free food, and the figure for breast-feeding is higher than last year, being 45 per cent. 841 re-visits of toddlers were paid. Two attended Dr. Coulter for treatment of squint, eight had dental appointments, one attended the County Orthopædic Clinic and had splinting and massage for bowing of legs, two had tonsils and adenoids removed through the County Clinic. Six were underweight. Bronchial catarrh, threadworms, enlarged tonsils and adenoids and skin rashes accounted for most of the others. Eight nursing mothers suffered from lactational deficiency, three had dental appointments and the remainder attended with minor ailments. There was no evidence of undernourishment among the nursing mothers. Four expectant mothers were referred to Chepstow Ante-natal Clinic. A fair amount of free food was given away. Several ladies of the local Infant Welfare Committee attended regularly throughout the year and my thanks are due to them for their useful and valuable work.

GENERAL.—The work at the Centres proceeded smoothly throughout the year. As in the previous year, only simple drugs were prescribed, and these in a restricted quantity, and free food was given on medical grounds only, so that the preventive side of the work was more stressed, and mothers brought their babies and toddlers for advice and observation, rather than from more mercenary motives. The attendance of toddlers was very satisfactory and enabled much necessary advice re diet, sleep, etc., to be given. Thus the pre-school child is made more fit for the stress and strain of school years. There is no doubt that the work of the Infant Welfare Centres is being more and more appreciated throughout the County, and the lives of many of the women are made much less humdrum by their weekly, or fortnightly, visit to "the Clinic" to receive helpful advice and encouragement.

3.—Dr. ANNIE C. ROBERTS, Assistant Medical Officer, Monmouthshire County Council.

ABERBARGOED CENTRE.—

DETAILS OF FEEDING.

Breast-fed	...	48%.	Bottle-fed	...	37%.
Breast and Bottle	...	15%.			

The percentage of breast-fed babies is still low but has not dropped much from the previous year. The figure for bottle-fed babies 37 per cent. is high and usually means that when the child first attends the clinic at the age of from one to two months it has already been weaned, very often unnecessarily. The average attendance at this Clinic has fallen, chiefly due to the fact that a Centre has been opened at Markham, and about 60 children whose names were on the Register have been transferred to the Clinic in that area. This Centre is now only a half-day one instead of whole day as previously. Foods being now given for medical reasons only, a few women cease to attend with their babies when they find that they are not to be supplied with food as in previous years. Much less free food is now being given than formerly which makes it possible to give a little more

help (in the form of cod liver oil or virol) to toddlers suffering from vitamin deficiency. A good many drugs are used at this Centre as the people are very poor and cannot afford to buy them, and iron tonics (both for children and nursing mothers), laxative drugs and cough medicines are much employed. Ante-natal work for this area is done at New Tredegar, but a little general treatment for expectant mothers is done at Aberbargoed when necessary. Infants under one are, on the whole, well nourished, though the babies when first brought to the Clinic are averagely rather small in size, they thrive well and soon attain their normal weight. Over the age of one nearly all the babies fall off in weight due chiefly to lack of milk either fresh or dried, and many of them have attacks of diarrhoea due to an unsuitable diet. The mothers here are averagely unfit. In 1933 fully 10 per cent. were definitely anæmic and as the figure is only for mothers of children under one year it can be assumed that if mothers of toddlers were included the figure would be about 15 to 20 per cent. Dental caries and pyorrhœa are the rule rather than the exception, and in 1933, 44 mothers out of 120 suffered from either or both. There is a good attendance of toddlers at this Clinic. 30 per cent. of all cases for 1933 being children aged 2 to 4 years. Like the children in the 1 to 2 group, the 2 to 3 group tend to be underweight, pale and flabby, but over the age of 3 there is a decided improvement which continues up to the age of 5. At a recent school inspection it was found that 79 children under five were attending school. These have the benefit of school dinners and their condition is satisfactory considering the poverty of the area and the size of the families.

MARKHAM CENTRE.—

METHODS OF FEEDING.

Breast-fed	31 = 40%.	Bottle	27 = 35%.
Breast and Bottle	19 = 25%.		

The figure for breast-feeding is low but not more so than in other areas. It is found that on their first visit to the Clinic more than half the babies are already being entirely or partially bottle-fed. The mothers seem to make up their minds that if they have not been able to breast feed their first child they will be unable to do so with succeeding children. This is a new Centre open for a half-day weekly. The average attendance for the year is 19.1, but the numbers are steadily increasing. The attendance is lower than it might have been owing to a few extremely stormy days when mothers were unable to take the children out of doors. Very little free food was given here in 1933, as the majority of parents were working, but the amount is rising a little now owing to the large attendances. Drugs have been used frequently at this Centre. These are chiefly laxatives (especially for nursing mothers), tonics, ointments for skin troubles (chiefly eczema, intertrigo and sores), and ant-acids such as sodium citrate. Ante-natal work is not done at this Centre, cases being referred either to Tredegar or Oakdale. Children under one year are averagely in good condition, and those who are not are infants with some physical disability. Two or three babies have been extremely ill as the result of whooping cough, several have had frequent attacks of bronchitis or bronchial catarrh, and one has congenital heart disease. With the exception of one or two cases, these again suffering from some illness, the mothers are averagely healthy, though a good many of them have pyorrhœa and dental caries. Twenty-one toddlers (ages 2-4 years) attended the Centre. These children were practically all quite well nourished and attended to have treatment for teeth, squint, debility, following infectious illnesses, bronchial catarrh, etc.

RISCA CENTRE.—

METHODS OF FEEDING.

Breat-fed	... 34%.	Bottle	... 38%.
Breast and Bottle	... 28%.		

There has been a marked drop in the percentage of breast-fed babies, 34 per cent. in 1933, as against 46 per cent. in 1932. 38 per cent. of the total are entirely bottle-fed, and these are as a rule babies already weaned before attendance at the Centre. Lactational debility accounts for a certain amount of the cases, but by no means for the whole, and it would appear that mothers are not at all anxious to breast-feed their infants. The midwives do not seem to make much effort to encourage their patients to persevere with breast-feeding and even unnecessarily advise part bottle feeding. The average attendance has fallen a little but is still high enough to be entirely satisfactory, especially as very few of those attending are having free dried milk. Very little free food is given now in proportion to the size of the Clinic, and even in the case of toddlers suffering from vitamin deficiency most mothers are able to pay for the cod liver oil, etc., which has been advised. Drugs are used freely at this Centre, especially ant-acids laxatives, tonics, ointments, etc. Ante-natal cases are referred to Newport for examination. Except in the case of half-a-dozen mothers, these being usually older women with large families, under nourishment and anæmia are not marked at this Centre. Most of the young primiparae and their babies are healthy. The babies under one year are averagely well nourished, and the majority of those who are underweight at birth reach a normal weight by the time they are nine months. Between 9 months and two years the babies here are more satisfactory than at some of the other centres, and it is noticed that the mothers attend regularly, and seek advice about change of diet rather than haphazardly trying anything. 85 toddlers attended during the year and had treatment for dental caries, enlarged tonsils and adenoids, squint, slight degree of knock-knee, etc. Most of these toddlers continue attendance right up to the time they commence school. I should like to express my thanks to the three voluntary helpers whose attendance has been most regular and their assistance very helpful.

4.—Dr. PHILOMENE R. WHITAKER, Assistant Medical Officer, Monmouthshire County Council.

FEEDING OF INFANTS UNDER NINE MONTHS OF AGE.

	Usk	Blackwood	Oakdale	Cwmbran	Panteg	Rogerstone	Crumlin
	%	%	%	%	%	%	%
Breast-fed ...	68.3	63.4	60.8	65.0	62.6	57.5	40.0
Breast and Artificially fed	12.4	11.0	10.8	5.9	13.4	15.0	21.1
Artificially fed ...	19.3	25.6	28.4	29.1	24.0	27.5	38.9

CRUMLIN.—This Centre is now being held once a week. The number on the register was 179 with an average attendance of 23.34, as compared to 223 on register and average attendance of 27.3 in 1932. The total attendances show a corresponding decrease, being 1121. There is a disappointing fall in the percentage of breast-feeding, being 40 per cent., but the figure for breast and artificially fed babies is higher than that in any other area, and compensates for the low percentage for breast-feeding. The number of toddlers shows a slight decrease, also being 305 compared to 337 in 1932.

BLACKWOOD CENTRE.—This Centre is held fortnightly. The number of infants on the register at this Centre shows a decrease, being 278 as compared to 320 last year, making an average attendance per session of 58.2 as against 62.1 in 1932. Yet the total attendances show an increase being 1497 in 1933, as against 1492 in 1932. The percentage of breast-fed babies remains much the same being 63.4 per cent., as against 62 per cent. last year. There is also an increase in those who persevere with breast and artificial feeding =11 per cent. Ante-natal cases receive advice, but are referred to Oakdale for examination and treatment. The total attendances of expectant mothers numbers 32, 19 being new cases. Toddlers attend regularly, and this year show an increase in number, being 370, an increase of 16.

ROGERSTONE.—This Centre held fortnightly, continues to be very satisfactory. The average attendance per session shows a slight increase on last year's figure, being 32.36, as against 31.3. Total attendances were 809, of which 287 were toddlers, an increase of 17. Ante-natal cases are seen and advised to attend Newport Clinic. 28 cases were interviewed, of which 14 were new cases. The percentage of breast-feeding shows a decrease being 57.5, last year's figure was 66 per cent. This is rather difficult to understand, as the "conditions" are much the same as in the previous year. A possible explanation may be the fact that there is a greater urge to consult the Clinic in cases of failed breast. There are no appreciable signs of malnutrition amongst the mothers.

OAKDALE.—This Centre improves each year, and the question is how much longer the numbers can be dealt with satisfactorily in a morning session. The average attendance of 43.3 per session, last year was considered almost too much, but there is a further increase this year to 44.62 per session. This is the highest figure of all my centres. The number on the register was 198, an increase, and the total attendances=1071, as compared to 1041 in 1932, and 1924 in 1931. Toddlers are brought regularly and show a considerable increase in their numbers, the total attendances being 386, as against 353 last year, 42 being new cases. Breast-feeding has gone up to 60.8 per cent., an increase of 5 per cent.

USK.—This Centre has improved tremendously in recent years, and although the number on the register shows a slight decrease (i.e., 80), yet the average attendance is the best on record so far, being 19.44. Some five years ago the average attendance was in single figures. The total attendances shows an increase of almost 50, being 486 as against 437 in 1932, and as against 306 in 1931. Of these 217 were toddlers, an increase on last year's number 179. The Ante-natal work is necessarily limited, but 28 cases were seen, of which 7 were new cases. The percentage of breast-feeding is very satisfactory this year, being 68.3 per cent. This is encouraging because up to date the figure for breast-feeding at this Centre has always been surprisingly low for a rural area.

CWMBRAN.—This Centre is always a busy one. There is a large percentage of unemployment in the area and many cases are in need of assistance. The attendance is 33.85 per session, and the number on the register at the end of the year=234. This is satisfactory, and is an increase on last year's figures. Total attendances amounted to 1625 of which 432 were toddlers. The percentage of breast-feeding is good, being 65 per cent, and shows a gratifying increase on last year when it was 51 per cent. This figure has been reached largely through the supply of "free" milk to the mothers to enable them to persevere with breast-feeding. As there is considerable distress in this area due to prolonged unemployment, the physique of the mothers particularly has suffered accordingly, consequently, free food is given in many cases at this Centre. The toddlers attend regularly, many are poorly clad and show some degree of malnutrition. For these latter, such accessory foods as malt and oil, milk, etc., have been given.

PANTEG.—This Centre is held once a week and is always well attended, its progress steady and satisfactory. The number on the register at the end of the year was 201, and the average attendance per session has increased from 31.7 to 34.6. The total attendance was 1662. The number of toddlers here is always high, total attendance being 630. The physique of the toddlers is good and cases of malnutrition are rarely, if ever, met with. Breast-feeding shows a high percentage—62.6 per cent., an increase of 18 per cent. on last year's figure.

GENERAL.—All the Centres show an increase in attendance with the exception of Crumlin. Drugs consist of simple tonics, aperients or cough mixtures. There are definite signs of malnutrition amongst nursing mothers and some expectant mothers and in some areas amongst the toddlers between years 2-5. There is no evidence of malnutrition amongst infants. There is still a gross amount of dental caries in mothers, expectant and nursing. The attendance of toddlers shows an all-round increase, and mothers are taking a greater interest in their welfare on the whole, but there is still much to be wished for in parental care and management of toddlers with regard to diet and general management.

5.—Dr. TERESA M. O'RIORDAN, Assistant Medical Officer, Monmouthshire County Council.

FEEDING OF INFANTS UNDER NINE MONTHS OF AGE.

	Newbridge	Pontymoile	Pontnewydd
	%	%	%
Breast-fed	47.2	29.7	48.0
Breast and Artificially fed	15.3	32.5	20.8
Artificially fed ...	37.5	37.8	31.2

NEWBRIDGE CENTRE.—This Centre is very well attended. The number of infants on the register was 320, with an average attendance of 75.27—only a slight decrease in comparison with last year's numbers. This is most satisfactory, as during the year the distribution of free food was limited to the medically unfit mothers or infants. The majority of mothers now attend the Centre for the advice they receive from the Medical Officer and Health Visitors, and these mothers continue their visits very regularly. The percentage for breast-feeding is 47.2. This is lower than that of the previous year when it was 62 per cent. More mothers fed their infants artificially. I think the local midwives should emphasise more strongly to the mothers under their charge how valuable the natural mode of feeding is for the infant. In most cases the infant is artificially fed before it is brought to the Centre. A few expectant mothers attended this Centre, but were advised to consult the medical officer at the Ante-natal Centre at Crumlin. Only the simplest drugs are used—in a very limited amount—at the Centre. The conditions treated being mainly chest complaints and pathological conditions of the alimentary system. Several children were referred for operation for the removal of tonsils and adenoids. Three had consultations with the Tuberculosis Officer, and three with the Medical Officer in Charge of the V.D. Department, Royal Gwent Hospital. Three children attended the Eye Clinic for treatment for strabismus, and one child was referred to the Orthopædic Clinic. Six mothers took advantage of the Dental treatment offered to nursing mothers. The mothers continue to bring their toddlers, i.e., 1-5 years, to the Centre. The number attending regularly is high, and many toddlers who are medically unfit received either malt and oil, Aberdeen emulsion, virol or roboleine. The mothers are always advised on a detailed general diet and rest for such toddlers.

PONTYMOILE CENTRE.—It is noted with much regret that the percentage of breast-fed infants has fallen from 54 per cent. in 1932 to 29 per cent. in 1933. Again I consider that the local midwives should endeavour much more strongly than they do to teach the mothers under their care the value of breast-feeding. It is often too late for the Medical Officer at the Centre to change the mode of feeding when the mother attends the Clinic with her baby. There is a decrease in the number attending the Centre. The average attendance, too, at each session, has fallen from 19.8 in 1932 to 14.9 in 1933. Many mothers come from rural areas and the neighbouring hilly district, and any severe weather is a hindrance, and prevents their attendance at the Centre. The mothers who attended much appreciated the benefits derived from their visits. The ante-natal cases were referred to the special Centre held monthly at the Pontypool Hospital. Free food is strictly limited to those mothers or infants who are physically unfit, consequently the number receiving such is small. The simplest drugs only are prescribed at the Centre, and only a limited amount of same are kept in stock. Patients suffering from major complaints are referred to their family doctors for treatment, as the work of the Clinic is mainly prophylactic. Mothers are especially encouraged to bring their toddlers—i.e., those of 1—5 years—to the Centre. If their nutrition is below normal, they are helped by an allowance of either malt and oil, Virol, Roboleine, or Aberdeen Emulsion. The mothers are advised in detail *re* their rest and general diet. Four children were referred to the Dental Clinic. One child was sent for consultation with Mr. Lee, throat and nose specialist; three children attended the tuberculosis officer; two children were referred to the Orthopædic Clinic, and two for operation for the removal of tonsils and adenoids. Two mothers attended the Dental Clinic for extractions.

PONTNEWYDD CENTRE.—It is gratifying to note that the percentage of breast-fed infants attending this Clinic has increased from 33.3 per cent. in 1932 to 48 per cent. in 1933, and the percentage of the artificially-fed infants has decreased from 47 per cent. in 1932 to 31.2 per cent. in 1933, the figures for the two years being almost reversed, the figures for the combined method of feeding remaining almost the same: 19.7 per cent. in 1932, 20.8 per cent. in 1933. The average attendance during 1933 was 18.9 per cent., compared with 21.6 per cent. in 1932. Free food, as in other Centres, is solely given to mothers suffering from lactational debility, or to infants whose nutrition is below normal. In such cases every effort is made to restore the natural mode of feeding, or the infants' health to the normal standard. Strictly limited to such cases very few are receiving an allowance of free food. A limited supply of simple drugs are stocked, and only prescribed for minor disturbances of the alimentary or respiratory systems, and for certain skin troubles. Twelve ante-natal cases visited the Centre during 1933. They were advised to attend the Centre at Newport. In some cases the mothers came too late in their pregnancy to travel to Newport. The number of toddlers attending the Clinic has increased, and the re-visits have increased from 301 to 320 in 1933. Three children were referred to the Dental Clinic. Two children were sent for consultation to the Orthopædic Clinic, and one child to the Eye Clinic. Nine nursing mothers were offered appointments at the Dental Clinic for extractions. The voluntary Helpers add, in no small measure to the success of the work done at the centres, and to them also, I wish to offer my best thanks.

6.—Dr. EVELYN D. OWEN, Assistant Medical Officer, Monmouthshire County Council.

FEEDING OF INFANTS UNDER NINE MONTHS OF AGE.

	Pontypool	Rumney
	%	%
Breast-fed	52.2	49.0
Breast and Artificially fed	20.4	35.3
Artificially fed	27.4	15.7

PONTYPOOL CENTRE.—The average attendance at this Centre has fallen from 42 in 1932 to 36 in 1933. This is probably due to (1) the falling birth rate; (2) emigration; and (3) the giving of free food on purely medical grounds only. The amount of breast-feeding was the same as in the previous year, but there was a larger proportion of artificial feeding, the mothers in these cases stating on their first visit to the Centre that they had been forced to adopt this method because they had had insufficient or no breast milk. Also as many as 32 per cent. of the nursing mothers who attended during the year were found to be suffering from general debility, whereas in 1932 24.5 per cent. were in this category. Thus it seems that there was some slight general deterioration in the condition of the mothers. The number of mothers attending for advice was higher than in 1932 and their attendances were more regular. The few expectant mothers who came were referred to the Ante-natal Clinic. 68 toddlers were brought in 1933 (59 in 1932), 21 of these i.e., nearly one third, were underweight. Their chief ailments were dental caries and enlarged tonsils and adenoids, for treatment of which they were referred to the appropriate clinics.

RUMNEY CENTRE.—The average attendance per session at this fortnightly half-day Centre was almost the same as the previous year—24 in 1932, 22 in 1933. The proportion of breast-feeding has risen considerably from 41 per cent. in 1932 to 49 per cent. this year. The breast and artificial feeding has also risen from 26.3 per cent. to 35.3 per cent. The amount of artificial feeding has correspondingly been reduced by more than half. This is a very pleasing improvement, although the percentage of breast-feeding only is still not as high as one would like it to be. Threadworms and defective teeth were the principal troubles of the 33 toddlers who attended during the year. One case of hemiplegia was sent through the Orthopædic Clinic to the Country Branch of the Royal National Orthopædic Hospital at Brockley. More nursing mothers attended and more frequently than in 1932. Constipation was their commonest complaint. A limited quantity of simple drugs was prescribed, but hardly any free food was given.

7.—Dr. ALICE S. M. DEWAR, Assistant Medical Officer, Monmouthshire County Council.

FEEDING OF INFANTS UNDER NINE MONTHS OF AGE.

		Cross Keys	Ynysddu
Breast-fed	... ..	46%	35%
Breast and Artificially fed	... ..	17%	17%
Artificially fed	... ..	37%	48%

YNYSDDU CENTRE.—The figures for attendance at this Centre again show an increase when compared with those of the previous year. Unfortunately there has been a decided decrease in the amount of breast-feeding, but the amount of combined breast and artificial feeding has considerably increased. There is also an increase in the amount of artificial feeding, a large number of these infants being weaned before their first visit to the Centre. Of the 48 toddlers who attended, 23 were underweight. Bronchial catarrh was their commonest complaint and a large number suffered from dental caries, most of these received treatment at the dental clinic, which was beneficial to their general health. Only the simplest drugs were prescribed, such as cough mixtures, simple tonics, aperients and ointments. 75 nursing mothers attended, a large number of these suffering from general debility. Many suffered from dental caries and took advantage of the dental treatment offered to them. 30 expectant mothers attended and these were referred to the nearest Ante-natal Centre. As at Cross Keys very little free food was given to infants, but a fair amount of cod liver oil was given to the toddlers. I again wish to thank voluntary helpers of both Centres for their excellent work.

CROSS KEYS CENTRE.—There has been a decrease in the total attendance and in the average attendance per session compared with the figures for the previous year. The amount of breast-feeding has increased from 39 per cent. to 46 per cent. The amount of combined breast and artificial feeding has also increased, so there has been a considerable decrease in the artificial feeding—from 48 per cent. to 37 per cent. There was little malnutrition among the infants, but of the 20 toddlers who attended, about half that number suffered from malnutrition. 21 nursing mothers attended, their health was fairly good, the commonest complaint being constipation. Five expectant mothers attended and these were referred to the nearest Ante-natal Centre. As free food is given on purely medical grounds very little has been given to infants but a considerable amount of cod liver oil has been given to the toddlers.

8.—Dr. W. BOWEN OWEN, Assistant Medical Officer, Monmouthshire County Council.

METHODS OF FEEDING INFANTS.

Breast-fed	...	48%.	Part Breast, Part Bottle	...	34%.
Bottle	...	18%.			

GENERAL CONDITION OF ALL CHILDREN ATTENDING CLINIC.

Reasonably fit	...	59%.	Unfit	41%.
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NEW TREDEGAR CENTRE.—The above figures are of interest. Infants, on the whole, progress satisfactorily, while toddlers do not maintain the general fitness which obtained during their infancy. Despite every encouragement, mothers do not bring the young children to the Clinic. Where there is a baby and a toddler in the home—the baby takes pride of place, while the toddler is left at home. Parents still require a deal of education regarding the functions of the Clinic. I believe that an improvement in this direction would be obtained if we stopped using the term “Baby Clinic” and talked of the “Children’s Clinic” instead. The issuing of free foods on medical grounds still continues. Most of the infants start life very satisfactorily, assisted in this manner. The attendance in 1933 was poor. Unfortunately the district has been ravaged by scarlet fever, and the other infectious diseases to a considerable extent. This has affected the attendance very adversely.

9.—Dr. B. L. MacQUILLAN, Assistant Medical Officer, Monmouthshire County Council.

PENGAM CENTRE.—The attendances have been very satisfactory. There has been a considerable improvement in the total number of visits to the Centre during the year 1933—from 2339 in 1932 to 2426 in 1933—an increase of 87—contrary to the average tendency to diminish. The average attendance at each session numbered 50.3. These figures are satisfactory, considering the scattered area of the district which the Clinic drains, and secondly the unfavourable weather during the few last months of 1933. There has been a slight improvement in the number of breast-fed children attending the Clinic—the figures increasing from 54.8 per cent. in 1932 to 55 per cent. in 1933. The number of children partially breast-fed and partially augmented by artificial foods was 15.7 per cent., leaving some 29.3 per cent. who were fed completely on artificial foods. The babies on an average were found to be healthy and fairly well nourished—only some 9 cases of definite marasmus occurring—mostly due to dietetic errors which cleared up considerably following advice and treatment. The parents were very appreciative and willing to collaborate with any medical advice or attention dispensed. Most of the drugs given were merely mild ointments for dermal infections, blepharitis, and chest complaints, mild aperients and general tonics. Diseases of the respiratory and alimentary tracts claimed precedence over all other complaints during the season. Free food has been sparingly given, and only on purely medical grounds in cases of definite malnutrition and undernourishment. The number of toddlers increased from 599 to 631.

10.—Dr. E. M. GRIFFITH, Medical Officer of Health, Abercarn Urban District.

ABERCARN CENTRE.—The attendance has been maintained fairly well, in spite of the fact that under the new regulations we have not been nearly as liberal with free food as formerly. Drugs are prescribed very rarely. When one realises that this has now been a distressed area for some years, there is astonishing little sign of real hardship as regards nutrition. The toddlers seen at the Centre are on the whole very well nourished. The lady helpers at the Centre have been most loyal and thanks are due to them.

11.—Dr. W. PANES, Assistant Medical Officer, Monmouthshire County Council.

FEEDING OF INFANTS UNDER NINE MONTHS OF AGE.

	Nantyglo.	Blaina.
Breast-fed	47%	50%
Breast and Artificially fed ...	12%	21%
Artificially fed	35%	29%

NANTYGLO CENTRE.—This Centre is open one half-day each week. Compared with 1932 breast-feeding shows an increase of 8 per cent. A large percentage of the children who were entirely artificially fed had already been weaned before their first visit to the Clinic. In these cases the mothers were strongly advised to supplement the diets with some vitamin containing preparation. Much attention was paid to the dietaries of children between the ages of 1-5 years. It was found quite commonly that children who had progressed favourably during the 1st year of life became debilitated and definitely sub-normal in the 2nd year. The outstanding signs of this subnormality were anæmia and poor muscle tone, together with slow gain in weight. On investigating these cases with a view to ascertaining the cause of the debility it was invariably found to be due to the diet of the child being ill balanced, generally in the direction of containing insufficient proteins.

BLAINA CENTRE.—This Centre is open for one whole day a week, but the Medical Officer is in attendance only at the afternoon session. Compared with the previous year it is found that the percentage of infants entirely breast-fed remains unchanged, i.e., 50 per cent. There is a slight fall in the percentage of infants fed on breast supplemented by artificial feeding, with a corresponding rise in the percentage of infants fed entirely on artificial foods. Again one is impressed by the good general condition from the nutritional stand-point of infants up to 1 year of age. However, once the 2nd year is entered, in a large percentage of cases, the picture changes; a healthy firm child, in a matter of a few months slows up in its rate of gain or even loses weight. It becomes anæmic, soft and flabby, with some slight bowing of the bones of the legs. It is really a picture of mild rickets. The bony changes are not marked, and do not call for operative treatment, but they are there nevertheless. This condition so commonly found in the toddler is due, as mentioned in another report to faulty feeding, the child is being fed on a diet full of energy producing material, i.e., carbohydrates but containing little or no tissue-building factor, i.e., proteins. To combat this condition the mothers are advised as to what is a balanced diet and to give their children plenty of fresh air, exercise and sunlight. However, in spite of the prevalence of subnormality in the toddlers, marked rickets are rare.

12.—Dr. T. L. DRAPES, Medical Officer of Health, Chepstow.

CHEPSTOW CENTRE.—The work of the above Centre has been carried out on much the same lines as in previous years. The attendance is practically identical with that of the previous year. About 65 per cent. of the infants are breast-fed. This method is always encouraged and it is found that in practically every case, mothers are anxious to adopt this method. In the absence of a supply of breast milk, one of the preparations of dried milk is usually recommended, with almost universally satisfactory results. The amount of free food distributed at the Centre has been reduced to the minimum. It is now given purely on medical grounds. Owing to economic conditions, the supply of drugs at the Centre has of necessity been restricted, the year's supply in the case of certain remedies being often exhausted after a few months. This may be due to a more liberal use of medicine in the past than was actually necessary, and has led to the adoption of more stringent supervision of its issue. Under nourishment of mothers or infants has not been noticeable. The proportion of toddlers who attended is very small. One session per month is held for Antenatal work which is under the direction of Dr. Mary Scott. I must again express my thanks to the Secretary and voluntary helpers for their help at the Centre.

13.—Dr. J. REYNOLDS, Medical Officer of Health, Blaenavon Urban District Council.

METHODS OF FEEDING.

Breast-fed	...	49.7%.	Breast and Bottle-fed	...	15%.
Bottle-fed	...	35.3%.			

BLAENAVON CENTRE.—The average attendance at the Centre—38.49 per cent. per session—is very satisfactory, and although it has decreased from 48.1 per cent. in 1932. Foods are given free in necessitous cases upon medical grounds. Drugs are dispensed at the Centre when necessary. There is evidence of some mothers and children being undernourished. Toddlers constitute a fair proportion of the children attending the Centre. There is some evidence of undernourishment amongst these also.

14.—Dr. G. W. PARRY, Abergavenny.

ABERGAVENNY CENTRE.—This Centre is open on Tuesday each week, being market-day, and so providing the best 'bus services for the country around. The total number of attendances was 1487 and the average number per session 29. The majority of the cases now come from the country districts, probably because the townspeople can more easily attend a doctor in town. Breast-feeding is on the increase and mothers seem more inclined to act on the advice given in regard to it. The percentages are:—

Breast, 64%. Breast and Bottle, 18%. Bottle, 18%.

There is much wrong feeding of children over the age of nine months, due largely to un-imaginative shopping. A few children are undernourished but this condition has increased a good deal in the last twelve months among the mothers. Many of these are definitely not getting enough to eat. Yet unemployment is no worse—may even be better—than in other districts. These mothers, when nursing, have been helped with free food from various sources. The chief ailments treated are chest complaints with attendant middle ear disease and glands in the neck; alimentary disturbances due to wrong feeding, and skin diseases. For these, the medicines provided by the County Council are much appreciated. My best thanks are due to the voluntary workers and to the nursing staff.

15.—Dr. R. J. S. VERITY, Medical Officer of Health, Abersychan Urban District Council

DETAILS OF FEEDING OF INFANTS.

	Abersychan	Garndiffaith	Pontnewynydd
	%	%	%
Breast-fed	67.9	52.0	63.7
Bottle-fed	26.9	38.5	31.8
Breast and Bottle ...	5.2	9.5	4.5

ABERSYCHAN, GARNDIFFAITH AND PONTNEWYNYDD CENTRES.—The attendance at each Centre has increased. Infants are brought regularly by the mothers and the advice given on their care and feeding is as a rule very carefully followed. It is this advice on infant care that is aiding in a very appreciable degree to reduce Infantile mortality in the district; the rate of which at one time stood at a very high figure, but which now happily is one of the lowest in the County. The percentage of breast-fed children has increased the last few years considerably. Quite a number of toddlers have been brought to the Centres, the encouragement of these is a step in the right direction. As regards diseases, skin troubles and gastro-intestinal ailments predominate. These are generally put right by the carrying out of instructions given and simple remedies. There has never been any fault to find on the question of cleanliness, the mothers being above reproach in this direction. Several very bad Orthopædic cases have been brought to the Centres and referred to the Clinic at Newport. All Ante-natal cases have been referred to the local Clinic. No undernourishment has been observed in either mothers or children during the year. I must express my thanks to the voluntary helpers and nurses for the valuable help given.

16.—Dr. F. M. FONSECA, Medical Officer of Health, Ebbw Vale Urban District Council.

EBBW VALE CENTRE.—There has been an increase in the attendances during the year. The distribution of free food is only supplied at the public expense after strict enquiry of the actual necessities of the cases. There has been an increase due to unemployment. The drugs at the disposal of the Centre are used as far as practicable. In cases which require closer observation and further treatment than the weekly meetings permit, parents are advised to consult their own medical attendant. The number of undernourished mothers or infants is not noticeable to the extent as might be expected after the prolonged depression, and compared with previous years the position appears to be stationary. Those affected are attributable to shortage of employment in the coalfield area, including the closing down of the Steelworks. Very few toddlers between the age of 2 and 5 years attend the Clinic, and up to the present, only a small proportion show any evidence of being undernourished. The Ante-natal work (which is held on the third Tuesday in each month) has proved very satisfactory by its all-day session, as attention is now accorded to all in attendance.

17.—Dr. R. V. de A. REDWOOD, Medical Officer of Health, Rhymney Urban District.

DETAILS OF METHODS OF FEEDING INFANTS.

Breast-fed ...	34.0%.	Breast and Artificial Food	18.3%.
Artificial food ...	47.7%.		

RHYMNEY CENTRE.—During 1933 the attendances have declined averaging about 12 per session. I am glad to say at the date of this report, the attendance was 31. The attendances for January and February, 1934, have steadily improved and have averaged 20.

Less free food has been given during 1933; this has accounted in some degree for the falling off in attendances. Grey tablets and simple ointments are dispensed at the Centre. Drugs are prescribed in many cases each week and are obtained at the surgery attended by the mothers. Very little increase in dispensing at the Centre would make it difficult for the nurse to complete the routine work in reasonable time. Ante-natal work.—I am glad to say attendances are steadily increasing (average 9 per session). Several cases are referred to Cardiff and to myself for further treatment. Unemployment and irregular work this year and for several years shows undernourishment and poor clothing in mothers and infants in many cases. Not many toddlers attend. Those that do usually need orthopaedic treatment or are undernourished. The attendances decreased during 1933.

17.—Dr. E. T. H. DAVIES, Medical Officer of Health, Tredegar Urban District Council.

DETAILS OF FEEDING.

Breast-fed ... 50.8%. Artificially fed ... 43.3%.
Breast and Artificially fed 5.9%.

TREDEGAR CENTRE —There was some decline in the attendances during the year, particularly re-visits. No free food was given. Drugs were prescribed, but dispensed at the Medical Aid dispensary. The work of the Centre has proceeded very smoothly upon the same lines as former years.

18.—Dr. T. B. SMITH, Medical Officer of Health, Abertillery Urban District Council.

CENTRE	INFANTS (0-1 year)				CHILDREN (1-5 years).				
	No. on Register 31st Dec., 1933.	No. of Attendances		No. of Re-visits		Total		Total Attendances, all ages.	Average Attendance per Session.
		New Cases under 1 yr.	New Cases 1-5 years	Under 1 year	1-5 years	Under 1 year	1-5 years		
Abertillery	594	245	44	2128	914	2373	958	3331	68.52
Llanhilleth	486	148	49	1418	682	1566	731	2297	47.82
Six Bells	293	137	53	1357	624	1494	677	2171	45.22
Total all Centres	1373	530	146	4903	2220	5433	2366	7799	53.85

A comparison of this table with the same table printed in the reports of previous years shows that the attendances at the Centres are being well maintained. Infants are brought regularly to the various Centres by the mothers and the advice given on their care and feeding is as a rule very carefully followed by the mothers. I believe that it is this advice on infant care and welfare that is aiding in an appreciable degree to reduce the Infantile Mortality. The exact percentage of breast-fed and other infants I am unable to state, as to obtain this figure accurately would mean a most careful extraction of the various record books kept at the Centres and time does not permit of this at the moment. The methods of feeding infants are varied according to the advice given individually to each mother by the Medical Officer. Some mothers change the method of feeding from breast to other foods without sufficient reason or on the advice of some other mother who has found a certain food satisfactory to her baby. These methods I deplore, when skilled advice can always be obtained either from their own doctor or at the various Centres. Apart from breast-feeding the other methods consist mostly of the "dried milks" of various kinds supplied at the Centres. Insufficient use is made of fresh milk, and to foster this method pamphlets ought to be printed, giving the various quantities and strengths of fresh milk suitable for infant feeding at varying ages. Two factors which strike me forcibly are the excellent conditions in which the mothers keep their babies as regards cleanliness and the great interest they display in the gradual development and nutrition of their off-spring. Quite a number of "toddlers" attended the various Centres as can be seen from the tables, the figures this year being kept separate from those of the actual infants. Many of those "toddlers" were suffering from the "after-effects" of various diseases, mostly measles, whooping cough and pneumonia, and where necessary fresh milk was supplied. The problem of the "toddler" is totally different from that of the infants under one year of age, and in my opinion to do them justice separate Centres should be instituted. It is a problem well worth discussion in spite of the financial stringency, as it is very often at this age that a great many of the physical disabilities and other illnesses which incapacitate children during school life arise, and periodical medical examination between the age of two and five years would lead to early diagnosis and treatment, which is so essential. Much more could be written on this problem, but let this suffice to bring it to your notice. Still, as the situation exists at present crippling defects are being dealt with earlier than ever. Squint in "Toddlers."—A number of cases of Squint were met with in "toddlers," and proper facilities for the treatment of this condition and the supply of spectacles free or at reduced prices where required should be made. In six cases spectacles were prescribed and obtained.

Year	Population	No. of Births	Birth Rate	Deaths under one year of age	Infantile Mortality	Deaths from Puerperal Fever	Deaths from Disease and Accidents of Parturition
1913	38,700	1,482	38.2	160	107.9	0	2
1916	39,166	1,073	27.3	100	93.1	2	4
1919	44,554	1,037	23.2	104	100.2	3	5
1921	38,805	1,242	31.3	127	102.2	—	—
1925	39,260	768	19.5	63	82.0	1	1
1928	32,840	621	17.3	44	70.8	1	2
1930	32,840	600	18.2	34	56.6	1	1
1931	31,799	558	18.4	41	69.7	—	3
1934	31,150	507	16.2	44	86.7	1	7

The years 1921 and 1931 are Census years, and the figures of population taken are the actual Census figures. The marked fall in the population will be observed, and the still more remarkable decline in the number of births.

Ophthalmia Neonatorum.—Two cases were notified during the year, both of a mild type, and recovery without visual impairment was made. This is a preventable disease. "Eye drops" are supplied from the Centres to the midwives for instilling into the child's eye at birth to prevent the development of this disease. Measles.—No deaths were recorded from measles in infants. Whooping Cough.—There were several cases of Whooping Cough in infants and "toddlers." Some cases were rather severe and one death was recorded. Diarrhoea and Enteritis.—The incidence and severity of this disease in infants has declined considerably in recent years. Two deaths occurred in children under one year of age. Rickets.—Three cases of this disease were diagnosed at the various Centres. Appropriate advice and treatment were given. As a result of deformity arising therefrom two cases were referred to and examined by the Consulting Orthopædic Surgeon with a view to the correction of those deformities when the proper time arrived. There was not so much evidence of rickets or commencing rickets during the past year. In all of those cases defects of dietary were found and most of them also suffered from lack of being taken out sufficiently in the fresh air. This latter factor is most important in rickets—equally, as important as proper dieting. Fresh milk was supplied in those cases. An Ante-natal Clinic has been established at Abertillery, and all expectant mothers were referred to this Clinic. This accounts for the decline in the number of expectant mothers (8) attending at the various Centres compared with previous years. The Ante-natal Clinic is held on the second Tuesday (10 a.m. to 4 p.m.) of each month at the Old Police Station, Tillery Street. The Ante-natal Clinic for the lower end of the district is held on alternate Fridays (10 a.m. to 12 noon) at "The Clinic," 4 Hafodyrynys Road, Crumlin. The figures of expectant mothers attending these Clinics will be found on another page of the report. Owing to the large number of expectant mothers attending the Abertillery Centre, the Monmouthshire County Council are considering increasing the number of sessions per month. The diseases of mothers and children attending the Centres are much the same as have been dealt with in previous reports, and call for no special comment apart from the fact that although there has been some extension for the treatment of the various diseases peculiar to women, existing facilities do not yet meet the demand. Some of the special cases in younger children would benefit by hospital treatment. No convalescent homes, apart from Southerndown, to which all in this area do not subscribe, exist for the benefit of mothers or children.

Number of cases referred for dental treatment, 1933—

					Infants.	Mothers.
Abertillery Infant Welfare Centre	...	...	...	...	—	5
Llanhilleth Infant Welfare Centre	...	...	...	...	3	34
Six Bells Infant Welfare Centre	...	...	...	...	1	3

Insufficient facilities are provided for the Dental Treatment of "toddlers."

Number and type of Orthopædic Cases.—

					Referred to Consultant Surgeon.	Examined by Consultant Surgeon.
Abertillery I.W.C.—						
Monoplegia	...	...	...	...	1	1
Congenital Equio Varus	...	...	...	...	1	1
Llanhilleth I.W.C.—						
Pes Planus	...	...	...	...	—	1
Tendency to Valgus	...	...	...	...	1	—
Six Bells I.W.C.—			...	...	—	—

Three cases were admitted to the Royal National Orthopædic Hospital during the year. Cases of deformity are referred to the Consulting Orthopædic Surgeon, Dr. A. Rocyn Jones. The above figures referred only to new cases which have come under observation during the year, and do not include the cases that are being followed up from previous years. In children's diseases, Dr. A. G. Watkins, of Cardiff acts as Consultant. Two cases were referred for his opinion. Milk and milk substitutes are now supplied purely on medical grounds, not on the basis of economic necessity.

J.—SALE OF INFANT FOODS, &c., AT THE CENTRES.

The facilities for the purchase at the Infant Welfare Centres of infant foods, etc., continue to be of advantage to the mothers attending the Centres.

The wages earned by many of the men employed in the works and collieries of the County continue very low, and unemployment throughout the County is greater than ever. The service for the provision of infant foods at a little over cost price, therefore, meets a real necessity.

Dried milks, malt extracts and other infant foods to the value of £3,410 15s. 2d. were purchased for sale and for distribution to necessitous cases at the Centres during the year.

A small sum is added to the cost price of the artificial foods sold at the Centres, and this in some measure sets off the cost incurred on the articles given gratis. At a few of the Centres there are voluntary funds, out of which foods are supplied to mothers who do not come within the regulations governing the County Scheme

The Health Visitors are instructed to take care that only those mothers who regularly attend with their babies at the Centres, and who cannot pay the prevailing high prices, are served with the foods.

In cases where the income to the home is below the scale fixed by the County Council, infants' foods can be obtained either free of cost, or at half cost.

As the result of a reduction made by the County Council in the Maternity and Child Welfare estimates of expenditure, it has been found necessary to strictly observe the regulation that milk should only be given on medical grounds, and instructions have been issued to the Medical Officers in charge of the Centres that the supply of free milk must be restricted to cases recommended by them after medical examination.

This change of procedure commenced in July, 1932, and a considerable saving in the amount expended has been effected. Foods to the value of £995 15s. 6d. were given for expectant and nursing mothers and for infants during the year. This included £233 7s. 9d. paid for fresh milk.

The following table shows the value of foods given away each year since the commencement of the scheme.

1919	...	...	£140 15 0	1926	...	...	£2,469 7 6
1920	...	...	£537 18 11	1927	...	...	£2,817 18 4
1921	...	...	£5,984 0 0	1928	...	...	£3,844 1 1
(Coal Stoppage : Dinners also given).				1929	...	...	£5,092 18 8
1922	...	...	£2,232 14 3	1930	...	...	£4,787 2 6
1923	...	...	£1,548 6 7	1931	...	...	£5,941 2 6
1924	...	...	£1,170 3 8	1932	...	...	£3,372 13 11
1925	...	...	£1,766 14 0	1933	...	...	£995 15 6

K.—INSPECTION OF MIDWIVES.

The following table gives particulars of the training, etc., of the Midwives upon the County Roll at the 31st December, during the past five years, and, for comparison the year 1912:—

Year	Number Literate	Number Illiterate	Total No. on Roll	No. holding C M.B. Certificate	No. holding other Certificates	No. untrained but registered	No. over 60 years of age
1933	230	3	233	218	—	15	30
'32	240	3	243	224	—	19	32
1931	237	4	241	219	—	22	35
1930	237	4	241	215	—	26	35
1929	245	4	249	222	—	27	35
1912	191	62	253	87	5	161	71

It will be observed that the number of untrained midwives, i.e., those placed upon the roll by virtue of their being in practice prior to the year 1901, is decreasing every year, and there are only 12 practising (5 are on the Roll but not practising); 3 of them are illiterate.

We are gradually reaching the realisation of the ideal of a skilled midwifery service. The period of training of midwives has been extended from 6 to 12 months, and a better educated type of woman is taking up the work.

The success of a Maternity and Child Welfare Scheme depends largely upon the practising midwives, who are asked to co-operate with the Welfare Centres and Ante-natal Clinics and look upon them as places where they can send their patients to have any abnormality discovered. They are welcomed to attend the Clinics with their cases and hear them discussed. It is gratifying to record that the midwives of the County heartily respond to this invitation.

The number of names removed from the Midwives' Roll during 1933 was 17, 13 through removal from the County, 3 through death, and 1 through resignation.

The number of visits paid to midwives in the Urban and Industrial Areas by the Inspectress of Midwives was 527 visits and 250 cases where the visit was fruitless.

There are upon the County Roll one midwife who cannot take pulse and temperature, and one who can take but cannot chart pulse and temperature.

The Chief Inspectress of Midwives is Dr. Mary Scott, Assistant Medical Officer, and there are three District Inspectresses: Nurse O. Griffiths for the Eastern Valleys and Rural Areas, Nurse C. Davies for the Western Valleys Area, and Nurse K. M. Walters for the Rhymney and Sirhowy Valley Areas.

Many special enquiries have been made in addition to the routine inspection visits, and the midwives are given every opportunity to discuss their work. Attention is frequently drawn to the conditions of their practice, and there are indications that the standard of work is improving. Several midwives who could not or would not take pulse and temperature are now able to do so. Insistence on the obtaining and use of the pelvimeter has been made and there are now very few midwives in the County without this instrument.

Midwifery scholarships are not now provided by the Education Committee for financial reasons.

1,280 notifications of sending for medical aid, and 147 of cases of still-birth, were received from midwives during the year.

Also 8 notifications of deaths of mothers, 12 notifications of children dying a few hours after birth, and 11 within 10 days of birth, 52 notifications of artificial feeding, 9 notifications from midwives who were liable to be a source of infection, and 6 notifications of having laid out a dead body.

The reasons given in sending for medical aid were as follows:—

High Temperature	...	...	29	Abortion	...	...	...	11
Obstructed labour	...	...	45	Abortion threatened	...	...	...	26
Premature labour	...	...	11	Still-birth	...	...	...	15
Prolapse of cord	...	...	8	Unsatisfactory condition of child	...	...	...	79
Hæmorrhage, ante-partum	...	...	53	Eye affections	...	...	...	9
Hæmorrhage, post-partum	...	...	50	Doctor engaged	...	...	...	5
Prolonged and difficult labour	...	...	412	Unsatisfactory condition of mother	...	...	...	63
Premature birth	...	...	29	Uterine Inertia	...	...	...	43
Abnormal presentation—	...	...	...	Albuminuria	...	...	...	17
Breech	...	...	34	Spina bifida	...	...	...	2
Face	...	...	7	Eclampsia	...	...	...	7
Hand	...	...	2	Prolapse of uterus	...	...	...	1
Transverse	...	...	7	Tongue tied	...	...	...	3
Vertex	...	...	1	Convulsions	...	...	...	3
Foot	...	...	4	Miscarriages	...	...	...	39
Shoulder	...	...	2	Phimosis	...	...	...	3
Miscellaneous	...	...	25	Inflamed breasts	...	...	...	3
Retained placenta	...	...	66	Patients' request	...	...	...	8
Ruptured perineum	...	...	138	Miscellaneous	...	...	...	20

Suspension of midwives to prevent the spread of infection was necessary in 8 cases, 3 on account of puerperal fever, 3 scarlet fever, 1 pemphigus and 1 erysipelas. Compensation was paid by the Council in six cases. One midwife was reported to the Central Midwives Board for disciplinary action.

Letters were sent by the County Medical Officer to 33 midwives drawing their attention to minor breaches of the rules of the Board.

L.—PROVISION OF MIDWIVES FOR THE COUNTY.

The Midwives Acts' 1902 and 1918, are administered by the County Public Health Committee, acting as the Local Supervising Authority, for which the County Medical Officer acts as Executive Officer. The district nursing is provided under the scheme of the Monmouthshire Nursing Association, of which Lady Mather Jackson is the Honorary Secretary.

At the present time there are 28 constituent Associations affiliated to the Monmouth-Nursing Association, and 31 nurses are employed by them. There are in addition six nurses on the staff of the Tredegar Nurses' Home, and one at the Tredegar Maternity Home. The aims of the Association have been fully stated in previous reports.

The Nurses' Home at Tredegar, which was recognised by the Central Midwives' Board as a training centre for midwifery pupils, passed out 3 pupils during the year.

Since the establishment of the Training Centre 21 years ago 104 pupils entered for midwifery training, 95 have passed the C.M.B. examinations, 5 have failed, and 4 proved unsuitable to sit the examination.

It is regretted that the recognition of the Home by the Central Midwives' Board as a Training Centre for midwives was withdrawn at the end of the year, as the number of beds at the time was not sufficient to provide the practical training necessary under the regulations.

There are seven maternity beds provided at the Home. During the year, 1933, 82 maternity cases were admitted at the Home, as compared with 72 in 1932. 67 of these cases were delivered by midwives and 9 by doctors; one of these was admitted after delivery. There was one maternal death, four still-births, and two deaths of infants within 10 days of birth. There were 308 Ante-natal attendances at the Home during the year.

The grant of £475 per annum for a maximum period of 10 years made by the County Council to the Monmouthshire Nursing Association in connection with the provision of the Maternity Home at Tredegar is still being paid. It expires at the end of the financial year 1934-35. In addition the grants hitherto made to the Home by the Ministry of Health are now under the provisions of the Local Government Act, 1929, being paid by the County Council. They amount to £125 per annum.

PROVISION OF MIDWIVES IN RURAL AREAS.—A grant of £580 per annum is made to the Monmouthshire Nursing Association to subsidise the provision of trained midwives in the Rural Areas of the County, in accordance with the scheme of the County Medical Officer, which was approved by the County Public Health Committee and the Local Government Board in October, 1917. During the year 1933, midwives were subsidised in the following areas :—

Llantilio Crossenny.	Itton.	Monmouth.
Goytre and Llanover.	Llanfoist.	Llanfrechfa Lower.
Tintern and St. Arvans.	Llandogo and Trelleck.	Llanarth.
Usk.	Abersychan.	St. Mellons and Rumney.
Llangattock-vibon-avel.	Penhow.	
Raglan.	Caldicot.	

M.—COUNTY SCHEME FOR MATERNITY AND CHILD WELFARE.

The scheme under which Local Maternity and Child Welfare Committees have been set up to render assistance at the Maternity and Child Welfare Centres has been set out in detail in previous reports. There are 24 Committees, the majority of which are very active and are rendering useful assistance to the mothers and infants attending the Centres.

The scheme was originally intended to serve Maternity and Child Welfare only, but in the year 1929, the County Committee decided to ask the Local Committees to also undertake the after-care of Tuberculosis and the Welfare of the Blind. Schemes have been drafted, and the Local Committees are prepared to administer them, the provision being made, in the case of Tuberculosis that the necessary funds are supplied by the County Council. The Committees are co-operating with the County Association for the Blind in the Welfare of the Blind and this part of the scheme has been satisfactorily inaugurated. Very valuable work in the brightening of the lives of blind persons is being carried out by many of the Committees. The matter of Tuberculosis after-care is still in abeyance.

N.—TRAINING OF ELDER GIRLS IN ELEMENTARY SCHOOLS.

The teaching of mothercraft in Schools is now a matter of national importance, and local authorities are being urged to develop it. The shortage of money naturally limits the activities in this County, but the older scholars of Girls' Departments are taught infant care and hygiene at the Domestic Arts Centres of the schools of the County.

It is never too early to commence the teaching of Ante-natal care. In a girl's school-days she can be shown the importance of games and other exercises as a means of perfect health, which will eventually lead to a better chance of bearing a healthy child. She can be taught the structure of the body and generally be given the knowledge that will make her a good mother.

O.—PROVISIONS FOR MATERNITY AND CHILD WELFARE CASES AT HOSPITALS, Etc.

1.—PHYSICALLY DEFECTIVE CHILDREN.—The joint scheme of the County Council and Education Committee, whereby beds are reserved at the Royal National Orthopædic Hospital, London, was in full operation during the year. The reservation of beds is 24.

Mr. A. Rocyn Jones, M.B., B.S., (Lond.), F.R.C.S. (Eng.), the Consultant Orthopædic Surgeon, visits the Central Orthopædic Clinic, Newport, once a month for the purpose of examining new cases, and re-examining children who have received treatment at the Royal National Orthopædic Hospital. The following children under five years of age were seen by him during the year :—

Metatarsal Varus	...	3	Pes Planus	...	...	1
Torticollis	...	1	Congenital absence of toes on			
Outward Curved Tibia	...	8	both feet	...	...	1
Congenital Equino Varus	...	6	Birth Palsy	...	...	4
Pes Plano Valgus	...	7	No physical signs	...	...	7
Pes Cavus	...	1	No definite diagnosis	...	...	1
Genu Valgum	...	7	Monoplegia	...	...	1
Anterior Poliomyelitis	...	4				—
Spastic Paraplegia	...	1				56
Rickets	...	2				—
Tendency to Varus	...	1				

His recommendations were as follows :—

For admission to the Royal National Orthopædic Hospital, Great Portland Street	...	...	...	...	...	...	7
For admission to the Country Branch of the Royal National Orthopædic Hospital, Brockley Hill	...	...	...	...	...	...	9
To wear Splints or other apparatus	...	...	...	...	...	...	14
To have alterations to Boots	...	...	...	...	...	...	8
To see X-Ray Specialist	...	...	...	...	...	...	1
No treatment required	...	...	...	...	...	...	6
Re-examination	...	...	...	...	...	...	8
Special Exercises and re-examination	...	...	...	...	...	...	3

He also made at the Newport Clinic 91 re-examinations of children who had received treatment at the Royal National Orthopædic Hospital.

During the year 17 infants were sent to the Royal National Orthopædic Hospital or its Country Branch at Stanmore, Middlesex.

The defects from which they suffered were as follows :—

Congenital Equino Varus	...	3	Genu Valgum	...	...	3
Pes Plano Valgus	...	1	Torticollis	...	...	1
Severe Rickets	...	2	Birth Palsy	...	...	3
Outward Curved Tibia	...	4				

Since the inception of the scheme 113 infants and children under 5 years of age have received treatment at the Hospital.

Upon discharge of the children from the Orthopædic Hospital, the County Medical Officer takes charge of their after-care. He sees them periodically at the Central Orthopædic Clinic, Newport, and at the Clinics at Crumlin and Pengam, and supervises their massage and electrical treatment and appropriate after-care when necessary. A close watch is kept upon the surgical boots and instruments which have been supplied to the children, to see that they are properly and constantly worn and continue to be suitable. During the year 1933 he examined and kept under supervision 72 crippled infant children, including cases of first diagnosis and re-examinations.

Thirteen infants attended the Clinic for massage and electrical treatment during the year, making 273 attendances.

One walking instrument, eighteen splints, six night shoes, one pair of surgical boots, and three Fairbanks Splints were supplied for these children by the County Council. Alterations to boots were made for 23 children and eight alterations to walking instruments. The total cost in this connection was £35 15s. 5d. Infants suffering from Surgical Tuberculosis are treated at the Hospitals of the Welsh National Memorial Association.

There has been a great advance of recent years in the treatment of children suffering from orthopædic defects. A few years ago there was a great shortage of beds in orthopædic hospitals. Children were not treated early enough, and they had no after-care. Now, through the spread of education and supervision of children by the Public Health Services, resulting in the earlier detection and, therefore, earlier treatment, the crippled child has a very much better chance of alleviation of his deformities.

In this County there is no excuse for delay in obtaining early treatment. Many cases are discovered by the Medical Officers in charge of the Infant Welfare Centres, who notify them to the County Medical Officer, who arranges an examination by the Consultant Orthopædic Surgeon. If treatment is required, the child's name is placed upon the hospital waiting list and the child is admitted as soon as a vacancy occurs.

2.—OTHER TREATMENT.—(a) Dental.—Mr. C. J. Hurry Riches, L.D.S., R.C.S., Senior School Dentist under the Education Committee, devotes one half-day per week to dental treatment of expectant and nursing mothers, and also children under 5 years of age. Each Maternity and Child Welfare Centre in the County is visited by Mr. Riches, and advice given to expectant and nursing mothers who have carious teeth. Treatment (extractions only) of those who desire it is afterwards given at the nearest County School

Clinic. The treatment figures for the year are as follows:—

No. of appointments made	...	1038
No. of appointments kept	...	682
No. of cases given "gas"	...	668
No. of permanent teeth extracted	...	2274
No. of temporary teeth extracted	...	858
No. of mothers treated	...	454
No. of children treated	...	214

The treatment is limited to extraction of defective teeth. Mothers who require dentures have to make their own arrangements.

(b).—Defective Vision.—Urgent cases of squint and defective vision in children under school age who attend at the Infant Welfare Centres are referred for examination at the local school clinics. 58 children attended the Clinics during the year and spectacles prescribed for 40.

(c).—Tonsils and Adenoids.—58 cases urgently requiring attention and referred from the Infant Welfare Centres received operative treatment at the School Clinics.

3.—HOSTEL FOR UNMARRIED MOTHERS.—The Maternity Home and Hostel at Nantyderry continues to do good work. There are 10 beds at the Institution, and the number of girls admitted during the year March 31st, 1933—April 1st, 1934—was 15, the average duration of stay being 105 days. Eight babies were born. The total number of inmates during the year (including those who were admitted in the previous year) was 18 girls and 10 babies.

14 girls were discharged, of whom 9 went to relatives and 5 to Homes. Of the babies discharged 4 were with their grandmothers, 3 went to Homes, and 3 died.

Of the 18 girls resident in the Hostel during the year, 2 were from the Borough of Newport, 12 from the County of Monmouth, 3 from Glamorganshire, and 1 from Herefordshire.

The object of the Hostel is to make provision during pregnancy and confinement for unmarried women who have borne good characters, but were expecting a first baby, thus giving them a chance of privacy which they could not secure in a public institution and enabling them to preserve their self-respect.

Generally the girls are admitted one month before their confinement and remain for six months after the birth of the child. As far as possible the mother and child are not separated for at least the first 3 months of the infant's life.

During their stay at the Hostel, the mothers are trained to undertake some useful work when they leave and arrangements are made when necessary for the boarding out of the baby.

The work at Nantyderry is carried out economically and on practical lines, and the results justify the vast amount of time given to it by the Committee and the Honorary Secretary, Lady Mather Jackson.

4.—MEDICAL ATTENDANCE AT CONFINEMENTS.—Under Section 14 of the Midwives Act, 1918, the County Council are responsible for the payment of fees of medical practitioners called by midwives in cases of emergency, under certain specified conditions.

Fees were paid in 193 cases during the year, involving a payment of £346 4s. 6d. The Council have power to recover the whole or part of such fees from the husbands, and the total amount collected in this way by the Finance Department was £61 15s. 3d. The figures for the year 1932 were 213 cases, costing £386 1s. 6d. Amount collected from husbands, £43 15s. 9d.

All these cases are investigated at the homes by the County Officers before they are passed by the County Medical Officer.

5.—PUBLIC INSTITUTIONS.—The old Poor-Law Institutions of the County are now under the control of the County Council, and the following table shows the accommodation available for maternity cases, and its use during the period 1st January, 1933, to 31st December, 1933:—

Public Institutions	Aber-gavenny	Tredegar	Chepstow	Pontypool	Total
Number of Maternity Beds	2	5	2	4	13
Number of Confinements during year ...	—	20	12	10	42

6.—DIFFICULT LABOUR CASES.—Facilities for consultation with Dr. G. I. Strachan, M.D., F.R.C.S., Senior Assistant Gynæcologist of the Welsh National Medical School, and the Royal Infirmary, Cardiff, are provided for these cases, and hospital treatment given when necessary.

Twenty cases were examined by Dr. Strachan, and 18 of them were subsequently admitted to the Maternity Hospital of the Cardiff Royal Infirmary. Four other cases were sent to the Maternity Department making a total of 22. Eleven cases recommended by the County Council were admitted to the Tredegar Maternity Home as the conditions for the confinement of the women in their own homes were unsuitable.

7.—REGISTRATION OF MATERNITY HOMES.—Five Homes have been registered under the Nursing Homes Registration Act, 1927, one at Tredegar (Maternity and Nursing), one at Nantyerry (Maternity), one at Tref-ap-Gwilym, Cardiff Road, Newport (Maternity), and one at Highfield, Bassaleg (Nursing). Powers of inspection of the Homes are given to the County Medical Officer, and are carried out. All the registered Homes were found to be satisfactory at the annual inspection.

Applications for exemption have been received from the majority of the hospitals of the County.

P.—INFANT PROTECTION.

By the Local Government Act of 1929, the functions under Part I. of the Children Act, 1908, dealing with the visitation of children under the age of seven years, adopted for reward, were transferred from the old Boards of Guardians to the County Councils.

The Children and Young Persons Act, 1932, is now in force. Under the Act a person who proposes for the first time to receive a foster-child must give notice of its expected advent not less than seven days before. Strict regulations are laid down as to the removal of children from unsuitable places or from the care of unsuitable people. The children have to be supervised until they reach the age of nine years.

The supervision of these children is undertaken by one of the Council's Health Visitors. There were 42 children on the County Register at the end of the year. A visit of inspection is paid every three months to see that the health and home circumstances of the children are satisfactory. Generally, the standard of the home of the foster mother is good and most of the women are appreciative of the visits of the Infant Protection Officer. There was no need for the taking of proceedings in any case.

During the year twenty-one cases were removed from the Register for the reasons stated:—

Legally adopted	...	3
Returned to mother or other relative	...	6
Left County	...	4
Died	...	1
Admitted to Children's Home		1
Attained age of 9 years	...	6

Thirteen new cases were notified during the year.

Q.—CONCLUSIONS.

The infant mortality rate of 71.7 per 1,000 births compares unfavourably with that of the previous year which was 67. No particular disease is responsible for the rise. The total number of deaths was exactly the same as in 1932 and the deaths in the various classifications were almost identical. The smaller number of births explains the higher rate.

The average attendance of infants at the Welfare Centres showed a drop from 39.6 in 1932 to 35.9 in 1933. This was undoubtedly due to the restriction in the amount of free milk given at the Centres. There was also a slight reduction in the attendances at the Ante-natal Clinics, probably for the same reason.

One step that must be encouraged at the latter Clinics is the attendance of the mother at the Clinic after her confinement. This is often necessary in the interest of the women's future health.

The high maternal death rate which has continued for so many years has risen still higher. It can not be attributed to the current conditions of unemployment and poverty, for it was with us in the days when work was plentiful. The subject has been dealt with earlier in this report, and until the measures there suggested can be carried into effect it does not seem likely that there will be any immediate reduction in the rate.

Proper supervision of confinements would do much to lessen the number of fatal cases. The greatest hope of an improvement in this direction is in the opening of the "Lydia Beynon Maternity Home," which has been so long delayed owing to the difficulty of finding the money necessary to adapt and equip the premises which are available.

The number of attendances at the Welfare Centres made by "toddlers," i.e., children of the ages 1 to 5 years is approximately one half of the attendances made by children under one year of age, which shows that the mothers do not always take the same interest in the welfare of the older infants. Yet the care of the child from one to five years of age is most important. Sleep and quiet, open-air and suitable regular meals are necessary for perfect health, mothers very often do not look after these essentials. Nursery classes or schools would be the ideal provision for these children, but there is very little likelihood of the establishment of such schools in this County for many years.

If mothers could be persuaded to take the "toddlers" regular to the Child Welfare Centres, many minor ailments would be observed and hints upon the care of the child given which would undoubtedly be the means of a greater proportion of the infants eventually becoming A 1 citizens.

The Maternity and Child Welfare Committee has again curtailed the estimates for the year, the result being that the amount available for the provision of free milk for necessitous mothers is very small and the supply must be strictly limited to those who are in need on medical grounds.

Finally, the Committee can feel assured that its efforts to lessen the waste of child life, due to preventable causes, continue to reap a good reward. Its aim must continue to be that no child shall suffer needlessly, and that the conditions under which they live shall be such as to give them a fair chance in life. The first consideration in the returning prosperity of the country should be the health of the children, and the nation owes to them all that is necessary for their proper development.

These are difficult times for all who are concerned with the progress of the Maternity and Child Welfare Service, but it must again be emphasised that this service (as well as other Public Health Services) is a good national investment.

The following extract from the Presidential Address of Mr. Neville Chamberlain, M.P., at the National Conference of Maternity and Child Welfare, 1934, is well worth quoting :—

"It has been our misfortune to come into office at a time of great financial stress and strain, and we have had to invite the country as a whole, local authorities included, to exercise the severest economy in many ways. But we have never included the Maternity and Child Welfare movement in our demands for economy. On the contrary, the Minister of Health, in 1932, expressly excepted tuberculosis and child welfare as subjects on which there must be no relaxation of effort; and last year, in a circular issued on the Ray Committee Report which recommended local economies, again these services were specially singled out as requiring urgent further development rather than any check."

We once more thank the Voluntary Helpers and the Members of the District Maternity and Child Welfare Committees for the help rendered at the Centres. We also again gratefully record our appreciation of the support afforded by the Chairman and Members of the County Maternity and Child Welfare Committee.

D. ROCYN JONES,

County Medical Officer.